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1957
Annual
Report

THE
ROOSEVELT
HOSPITAL



The Roosevelt Hospital

*...is approved for
intern and resident training by*

The American College of Surgeons
The American Medical Association
The American Dental Association

...is accredited by

The Joint Commission on Accreditation of Hospitals

...is affiliated with

The College of Physicians and Surgeons, Columbia University

...is a member of

The American Hospital Association
The Hospital Association of New York State
The Greater New York Hospital Association
The Greater New York Fund
The United Hospital Fund

*...is a participating hospital
in the Master Plan for Hospitals
and Related Facilities of*

The Hospital Council of Greater New York

Annual Report

1957

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**all listings as of December 31, 1957*

THE ROOSEVELT

428 WEST 59th STREET

HOSPITAL

NEW YORK 19, N. Y.



Report of the President

Many words have been used to describe the modern hospital—busy, friendly, indispensable — but the adjective “static” has never been used, and rightly so. A struggle means action and the struggle between life and death goes on 24 hours a day in a hospital. Nothing static could long exist here. We at The Roosevelt Hospital are thus committed to change — to put into effect the latest discoveries in medical science, to meet the altering needs of our community, to ever move forward.

1957 has been a year dedicated to change. Pledged as we are to strengthen and increase our resources, all of us at the Hospital — Trustees, Medical Staff, Volunteers, Administration — are deeply engrossed in our campaign to raise \$8,000,000. We must adapt our existing facilities to current needs. We must replace the obsolete Administration Building with a new one where essential services and facilities not now available can be housed. Thus in October, after years of planning and months of fund raising among ourselves, we launched a public appeal for support of the Hospital’s building program, the first such appeal in the Hospital’s history.

This appeal — the Progress Fund — is our response to the challenge of change. The absolute necessity for continuing growth — not in our size but in our capabilities — was vividly confirmed for me by the publication this year of our history “The Roosevelt Hospital 1863-1957.” Prepared by three of our doctors, Dr. Condict W. Cutler, Jr., Dr. Alexander T. Martin, and Dr. Thomas C. Peightal, this summing-up of the days and nights of Roosevelt’s service brought compactly before me the record of our constant growth and advances since 1863 when the will of James H. Roosevelt brought the Hospital into existence.

When James Roosevelt bequeathed his fortune to establish this Hospital “for the reception and relief of sick and diseased persons” he was providing for a neighborhood of scattered farms and cabins. Roosevelt was here when Columbus Circle was not a circle, when the first brownstones and apartment houses rose and when time turned them into tenements. Roosevelt was here when each successive wave of immigration brought new settlers to its door. Today the Hospital stands across from the gleaming new bricks of the Coliseum apartments and office buildings. Its ambulances cover a broad band of midtown Manhattan, from Hudson River docks to east side penthouses, from Central Park to Times Square. To the needs of the families in our area are added those of the executives along Madison Avenue, the office workers in Rockefeller Center. And now to the reality of the recently-completed Coliseum development is added the imminence

of the Lincoln Square project which will reshape this tenement-crowded area into a 30-acre cultural and residential complex.

This is one of the responsibilities the Progress Fund has been created to meet. Demands for Roosevelt's service will continue, but the nature of these demands will change. As tenements throughout the area tumble to make way for low and middle income housing, we need more semi-private beds and our hope is to add obstetrics, a service not now available at the Hospital.

Greater even than any physical transformations in our area has been the altered conception of the Hospital's role. The Hospital opened in 1871 with twelve notable attending doctors, one solitary house doctor, and a close affiliation with the College of Physicians and Surgeons. Today Roosevelt is a major teaching resource of the College, providing clinical training to one-quarter of each graduating class. There are 70 doctors on the present house staff serving an internship or completing a residency in one of the 12 medical or surgical specialties we offer. Of the 324 doctors on the attending staff, 127 are actively involved in the teaching programs, and Roosevelt-trained doctors are currently in practice in 42 States and eight other countries, extending the benefits of these programs far beyond our immediate community. With the steady growth in intern and residency training, our excellent School of Nursing, and the addition in recent years of training programs for practical nurses, hospital and nursing administrators, x-ray technicians, medical technologists, physical therapists, and social workers, the Hospital has become a major teaching institution.

Nor has research always been considered our function — or even an accepted part of a doctor's training — as an anecdote culled from our history so aptly illustrates. In 1905, the chief house doctor kept a contingent of guinea pigs on the roof of the private patient pavilion. He had infected them with rabies and was carefully studying the progress of the disease. "He was much disgusted and annoyed when the existence of these guinea pigs having been called to the attention of the Hospital Trustees, they, quaking with fear, ordered their removal and the experiment stopped."



Today the lack of such research rather than its conduct causes deep concern among the Trustees. With our limited facilities, our staff is sharply restricted in its basic research attempts. Until recently, a general hospital such as Roosevelt did not need a basic research laboratory. Now, with the rapid advances in heart and cancer surgery and the steady introduction of new drugs, the establishment of such a laboratory is imperative. There is no other place in which a young surgeon can master the complex techniques required for this advanced surgery or the young physician test the action, toxicity, and effect of new drugs. Today teaching and research are integral functions of our Hospital — indispensable ingredients for the best in patient care.

Care of the sick remains our objective, but the 20th Century has brought new meaning to the word "care." In 1871, the Hospital cared for the sick *poor*; the wealthy were treated at home. Today, not only the sick, rich and poor alike, come to the hospital but also — the *well*. For prevention of disease is as much a part of our function as treatment. The Private Diagnostic Unit, an excellently-equipped center designed to maintain and improve the health of corporation executives and employees through regular check-ups is but one example. Always before us is our dual responsibility of providing a training center for the professions and maintaining a health center for the community.

The Progress Fund represents our continued acceptance of this task. Already \$1,000,000 worth of improvements and renovations have been completed in existing facilities and we are ready to begin the second most important phase of this program — the construction of the \$7,000,000 Garrard Winston Memorial Building on the site where the 88-year-old Administration Building now stands. Present plans call for construction of this building in two stages. The first construction will consist of a basement and six floors with the foundation of sufficient strength for eventual vertical expansion to twelve stories. Eighty percent of the building's total space will be concentrated in the first six floors, and here we will have not only needed services and facilities, but greater efficiency, enabling us to reduce operating costs in many areas.

We are well on the way to our goal. When the public appeal for support of the Progress Fund was announced, we had already received \$2,137,270 in contributions from those closest to the Hospital. Under the able chairmanship of J. Luther Cleveland, the Progress Fund made amazing gains in the two remaining months of the year. By the end of 1957, the Fund totalled \$3,033,152 — almost halfway to our goal! This generous response has come from:

goal
\$8,000,000

\$1,038,977

Trustees

\$56,180

*Medical Staff
Volunteers*

\$68,934

Friends and Patients

\$1,292,548

*Foundations
Corporations*

\$109,500

\$467,013

The first memorial unit in the new building, the research laboratory, was established by the family and friends of the late Thomas J. Watson, who served so long and faithfully on our Board during his lifetime.

One of the largest single gifts received was a personal contribution from John D. Rockefeller, Jr., for \$500,000. This is not an ordinary gift, for with it came a challenge — if the Progress Fund reaches \$7,750,000 by June 30, 1959, Mr. Rockefeller will donate the additional \$250,000 to reach our goal.

The head of a large foundation recently told me that never has there been keener competition for money for charitable institutions. We have accepted this fact—but we are nonetheless determined and convinced that we shall obtain our goal. I have heard it said that as a nation perhaps we do not proclaim the value of our way of life as forcefully as we should, nor do we support it when the going grows hard. To me the voluntary hospital is one of the outstanding symbols of our way of life. If we falter, if we find excuses for ourselves, we shall truly become static and lose our vitality. Our predecessors reached their goals by sheer hard work. They have given us a heritage upon which we can proudly stand as the Hospital once more takes a giant step forward. It requires an act of faith to embark on such a program as ours. We have that faith — and we shall meet Mr. Rockefeller's challenge.

Although our major concern is now centered in the Progress Fund, we have simultaneously remembered the responsibilities acquired with the buildings and services of yesterday. This year our fifth annual Ball of Roses netted \$35,019 to help support our free-care program for the "sick poor" who were the first concern of our founder. The Board is grateful to the Ball's Co-Chairmen, Mrs. Frederick H. Amendola and Mrs. George E. Roosevelt, and to the Ball committee for their generous gift of time and effort in making this a highly successful benefit. Our thanks, also, to the Ball's sponsor, the Liggett & Meyers Tobacco Company, and to all of those who, by attending the Ball, supported this important Hospital program.

Again this year, the Roosevelt teams representing Trustees and Volunteers took part in the United Hospital Fund Campaign. Together the Trustees, led by Thomas W. Estes, and the Volunteers, led by Mrs. Ronald B. Campbell, raised \$124,817 for the Fund, an increase of more than \$35,000 over last year's total.

Despite the active work of the Trustees, Volunteers and the Administration in raising money and cutting costs, we are still plagued with a rising operating deficit. The operating loss this year soared to \$483,865 as compared to \$317,393 in 1956. These figures represent our *actual loss* after all income, investments, United Hospital and Greater New York Fund grants, and contributions have been included and *before* we add the loss for depreciation on buildings and facilities. When depreciation is included our loss is increased by more than \$300,000 for each year.

And, as in past years, a good share of the responsibility for this staggering operating loss must be laid to the City of New York and its continuing failure to reimburse us realistically for the care of city patients. In 1957 our loss from

the clinics totalled \$549,590 and our loss for ward patient care totalled \$741,171. We receive no reimbursement for the care given in our clinics and there is a substantial difference between the City's payments for hospitalized patients and the actual cost of their care to us. We cannot repeat too often that if the City reimbursed us for the care of hospitalized city patients at the same rate this care costs the City in its own municipal hospitals, our loss on ward patients could have been reduced by approximately one-half million dollars this year.

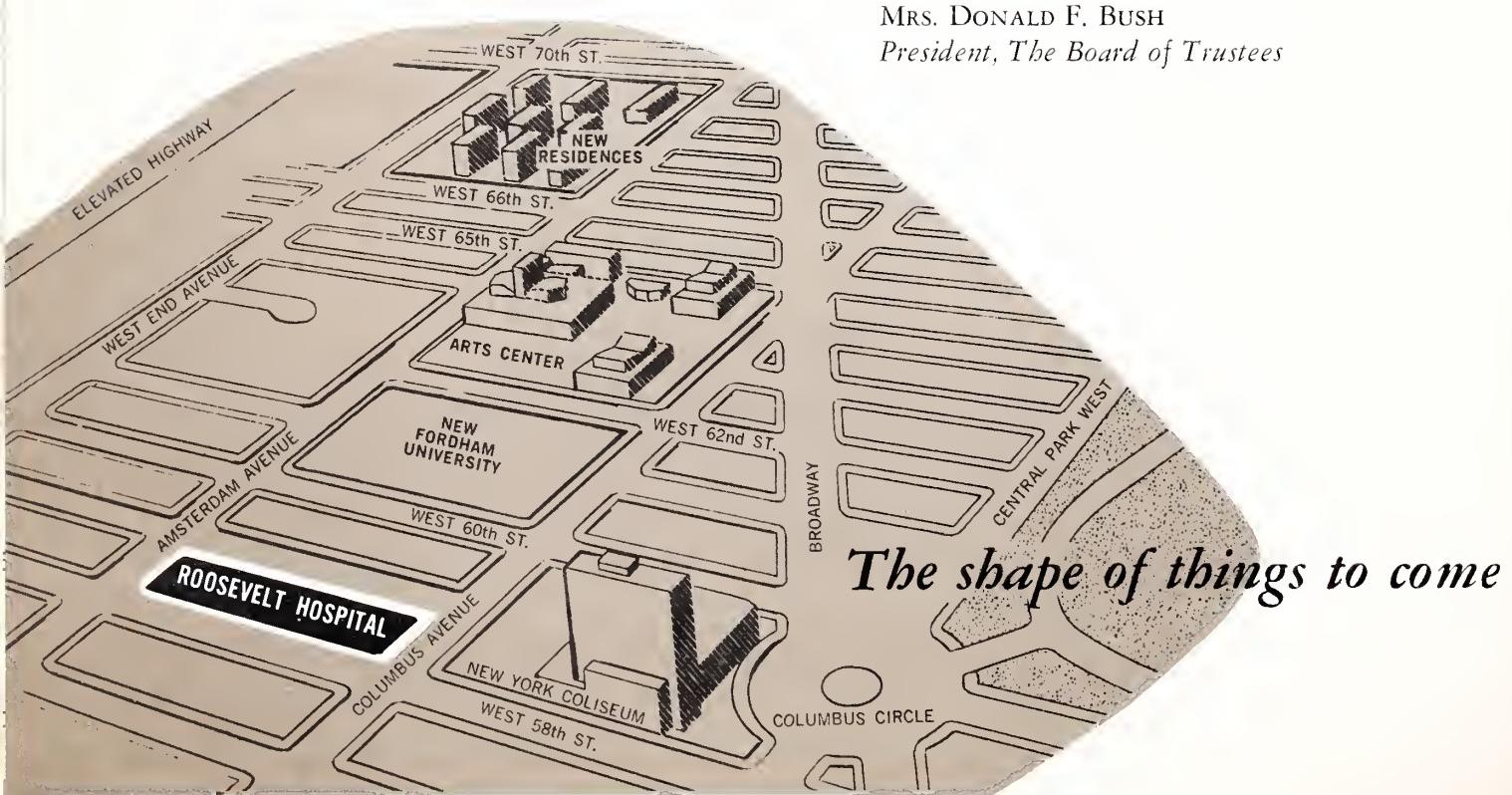
After the concerted appeal to the City this April by the Hospital Trustees Committee, which represents the City's voluntary hospitals, our Trustees have continued the appeal by writing, individually, to the Mayor to keep this matter constantly before him. We can only hope that soon the City will accept a larger share of its responsibility for these patients.

In this year of many changes, there have been many, too, within the Board of Trustees. Joining our Board were George A. Benington, Gustav S. Eysell, Edmund C. Monell and Ralph T. Reed and, to them, we extend an appreciative welcome. Due to the pressure of their other responsibilities we have had to accept with regret the resignations from the Board of William J. McWilliams, Enders M. Voorhees and Henry C. Taylor. And we have felt sharply our loss in the deaths of Lewis L. Delafield and Dr. Seth M. Milliken.

For all that has been accomplished this year in strengthening the aims of the Hospital's founder, the members of the Board join me in thanking our doctors, nurses and personnel. And our special thanks to our Executive Vice President, Peter B. Terenzio, who so effectively manages the difficult task of translating proposals into procedures, plans into action.



MRS. DONALD F. BUSH
President, The Board of Trustees



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GEORGE ROBERTS

GEORGE E. ROOSEVELT

¹deceased ²resigned



Report of the Executive Vice President

The essential quality enabling the institution of service to meet its full responsibility is, it seems to me, the ability and willingness to change when the need to do so is recognized. Through the years, those responsible for The Roosevelt Hospital have shown an awareness of this quality, having anticipated in many instances the major health needs of the community before they became critical. Examples of their foresight are the three major hospital units completed within the last ten years.

1949 — The James I. Russell Memorial Building gave the Hospital a greatly enlarged emergency department complete with ambulance entrance, operating and treatment rooms, x-ray facilities, ten observation rooms and accommodations for 46 surgical patients.

1953 — The Tower Memorial Building provided five floors of clinics, 48 semi-private beds, a floor for pediatrics and a floor for the adult psychiatric service as well as new medical records facilities.

1955 — The School of Nursing Building gave the Hospital new teaching facilities for educating its student nurses and provided two floors of additional residence quarters.



In 1957, a \$1,000,000 program for the modernization and reconstruction of several existing areas of the Hospital was authorized by the Board of Trustees. First, the program provided for the renovation of two semi-private floors in the Ward Building. Only semi-private six was completed this year, however, to permit the Hospital to maintain service. While work was in progress, from June 1 to November 15, no patients were admitted to the 37 beds on this floor. The loss of 6,216 bed days represents a 3.7% loss in the annual occupancy rate which this year averaged 81%. Nonetheless we consider this an important improvement because it will enable us to give better patient care in the converted areas. When semi-private seven is completed in the latter part of 1958, as planned, these two units together will provide a total of 68 renovated accommodations.

As part of this modernization program, a centralized food service was put into effect by the year end. We anticipate that this new approach in serving food to patients, by reducing waste and providing better control, will result in a ten percent saving of our annual food operation costs.

The patient-nurse communication system, originally installed only in the semi-private areas of the Tower Building, was made an integral part of all patient areas. This system not only gives the patient quicker service but, more

importantly, creates a feeling of assurance in the patient because it makes possible direct communication with the nurse. Another factor—and an important one in view of the shortage of nurses—is that the system permits the better utilization of the nurse's time and effort.

With the installation of new conductive ceramic tile flooring in the operating room suite in December, the major portion of the modernization program was completed. The final phase, which will be accomplished as soon as practicable, provides for the expansion of the emergency room to make available more adequate space for patient treatment.

Not included in the \$1,000,000 modernization program but in keeping with our basic goal of better patient care, several other services were improved functionally and new ones added during the year. Renovation of the private diagnostic service, which began in 1956, was completed this year. This service now includes new offices for the Department of Electrocardiography, a new clinical laboratory and a special "floating" room for audiometric examinations, as well as an additional suite of treatment rooms. Formerly located elsewhere in the Hospital but now rightfully housed on the private diagnostic floor is the Department of Electroencephalography, where tests are performed to determine the pathology of the brain. Made possible through an anonymous gift, this centralization and expansion has resulted in an improved service and typifies the growing importance of preventive medicine as an integral part of the services offered by the general hospital.

In keeping with the latest developments in the field of radiotherapy, a 1,000-curie cobalt unit was installed at the Hospital in March for the treatment of patients with cancer and allied diseases. The new center, under the supervision of Dr. Doris Bate, is the Therapy Division of the Department of Radiology, of which Dr. Albert A. Dunn, Jr., is the director. It is located in the area especially constructed in 1952 to house 50 grams of radium which was returned to the Belgian Government after the five-year loan period had expired in 1957. We believe this is an important addition to our services because it provides the nucleus around which to establish a radiation therapy center where all aspects of radiotherapy will be combined.

Another major addition in 1957 was the establishment of the cardio-pulmonary laboratory under the direction of Dr. Charles A. Bertrand. This unit, where research studies are performed on the heart and lungs, provides methods





of diagnosing and evaluating various disorders of the heart, circulatory system and the lungs. Made possible by a contribution from The Beinecke Foundation, this laboratory augments the Hospital's medical services and permits the training of young physicians in cardiac catheterization, angiography and pulmonary function tests.

Another new service was put into effect this year when the Outpatient Department, which now includes psychiatric clinics for children, adolescents and adults, added an evening clinic for parents of emotionally-disturbed children under the aegis of Dr. Alvin Goff. The purpose of the clinic is to offer the parent assistance in gaining a better understanding of himself and his child. We believe this is an important service — for if we are successful in assisting parent and child to form a healthier relationship, we help create a better home environment and ultimately contribute to the well-being of an entire family.

The Speech Therapy Department also expanded its services in 1957 by moving its headquarters to an area on semi-private seven where more suitable space is available for individual and group therapy as well as private interviews. Initiated in 1956 with funds provided by patients of Dr. Arthur J. Antenucci, this Division continues to function and was able to expand as a result of financial support from the same source.

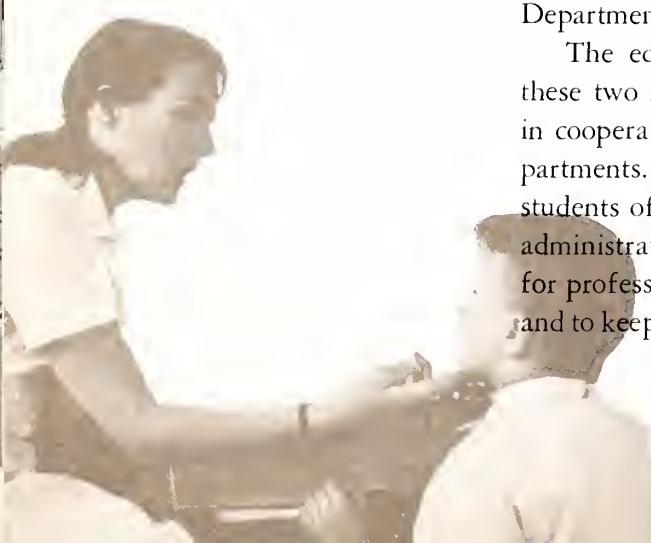
Additional services, functional and physical changes gain their significance principally because they enable us to maintain a high standard of patient care, our primary responsibility to the community.

This year we provided **131,989** days of care for the **10,391** patients admitted to the Hospital. The ambulance answered **9,940** calls while **44,545** patients were treated in the emergency room. A total of **11,735** patients made **97,151** visits to the clinics, **5,556** surgical operations were performed and **206,604** laboratory tests were made during the year.

It takes many diversified skills and the work of hundreds of persons to provide these services to our patients.

Like all teaching hospitals, The Roosevelt Hospital has a major responsibility in the field of education. Our two major programs are, of course, the intern and residency programs and the School of Nursing. This year, we are proud to report that the School of Nursing received full accreditation from the National Nursing Accrediting Service. The curriculum of the School, though basically the same, now includes an eight-week elective period in the Outpatient Department.

The educational interests of the Hospital, however, are not confined to these two major programs. Several educational programs have been instituted in cooperation with universities and colleges and others within individual departments. Our Nursing Service Department now provides for master degree students of New York University to receive field experience in nursing service administration. The Department also has initiated an in-service training program for professional personnel to acquaint them with the practices of the institution and to keep the staff abreast of new techniques in nursing and medicine generally.





The recent clinical affiliation with the School of Physical Therapy of Columbia University has proved so successful that the original educational program as been expanded to include an orientation period for juniors and advanced-standing students. Originally three senior students worked with patients under the direct supervision of members of the Department with all other educational facilities of the Hospital available to them.

In the Occupational Therapy Division of the Department of Physical Medicine and Rehabilitation, a clinical clerkship was established for a group of students from the New York University School of Occupational Therapy to provide experience in a functioning unit. The Department also initiated an in-service training program for its personnel under the direction of its new Medical Director, Dr. John J. Untereker, who joined the staff in January. Included in this educational program are lectures, discussions of advances in the field, the review of current techniques and the clinical evaluation of interesting patients.

Another unusual and profitable in-service program was established in 1957 for members of the Anesthesia Department. This program provides for personnel of the Department to visit other institutions to observe, study and learn special or newer techniques of anesthesia and its allied specialties. The initiation of the program was made possible through funds provided by the Stuart M. Crocker Educational Fund, which was established in 1956. This Fund has proved most beneficial to our personnel in many areas for during the year 33 grants and scholarships totaling \$16,468 were given to doctors, nurses and technicians, and loans amounting to \$18,250 were made to seven doctors.

In 1957 several personnel changes took place in key positions. Harry O. Humbert, who came to Roosevelt from The Johns Hopkins Hospital, was appointed Assistant Vice President (Financial). Charles Callan, formerly the Coordinator for the Methods Improvement Program initiated at the Hospital in 1956, was appointed Personnel Director. Sam Davis, who served his administrative residency at Roosevelt, was appointed to the post of Administrative Assistant. Dr. Harry C. Christie now heads the Health Service Department, which incorporates medical care for all personnel and student nurses. Dr. Bradley Bigelow and Dr. Marion Bevis joined the Laboratory Staff as Associate Director and Assistant Director respectively, while Dr. Marianne Wolff was appointed Associate Pathologist. Miss Susan Casey and Miss Claire F. Fegan, formerly Assistant Directors of Nursing Service, were promoted to the newly-created posts of Associate Directors while Mrs. Jessica Frey, Supervisor of Auxiliary Personnel, was appointed Assistant Director of Nursing Service. Edwin Friend succeeded Mr. Callan in the post of Coordinator of the Methods Improvement Program



while Howard Newman, the new Administrative Resident, is serving in the capacity of Acting Director of Communications.

Despite all the changes, additions and improvements of the year, today Roosevelt is faced again with the need for expanding its services and adding needed new ones if it is to continue to give its patients all the advantages of new developments and to do its full part in discovering and teaching them. For in the area served by the Hospital there is a tremendous change taking place — improvement and growth, new building and rebuilding. The Board of Trustees, the Administration and the Medical Board are keenly aware that these current changes in the community will significantly affect the health and medical requirements of those who live, work and visit in midtown New York.

The new requirements will be greater than ever before but they will be consistent with the general increased public demand for improvement and extension of medical care — a demand created by today's rapid advances in medicine.

The 400,000 residents of the community, the one million persons who come into the midtown area of New York daily to work and the hundreds of thousands of people who visit the area for business, cultural and entertainment interest represent an increased responsibility for the Hospital's emergency, diagnostic and related services. And The Roosevelt Hospital is committed to meeting these greater needs of its growing community.

To this end, the Hospital's Board of Trustees, after two years of searching studies, approved an \$8,000,000 Progress Fund campaign which was launched publicly in 1957. The \$1,000,000 modernization program nearly completed this year is the first phase of this overall project. The second phase, and the major one, provides for the construction of a new building. Present plans for this new structure provide for a new clinical laboratory with facilities for research, an obstetrical service, a surgical suite of eight operating rooms, a recovery room for 24 patients, a urological suite, a battery of diagnostic laboratories, semi-private rooms, headquarters for 300 volunteers and an auditorium and conference rooms for teaching.

These challenging plans for the future together with the improvements effected this year are evidence of the Hospital's awareness and willingness to meet fully its responsibility to the community. Moreover, it is a tribute to everyone at the Hospital that 1957 has been a year of achievement — for within the framework of the voluntary hospital attainment of goals requires the cooperation of all — Trustees, Doctors, Volunteers and Personnel. For their efforts and cooperation, I should like to express my sincere appreciation to the entire Roosevelt Hospital Family. I should like to note also, in concluding, that it has been, for me, a pleasure and a privilege to work with Mrs. Donald F. Bush, President of the Board of Trustees, and with Dr. Frederick H. Amendola who served as President of the Medical Board in 1956 and 1957.


PETER B. TERENZIO
Executive Vice President

Administrative Staff

PETER B. TERENZIO

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Albert Angrilli

Frances Bauer

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Kathleen Brosnan

Bess L. Cameron

Dorothy Counihan

Mary I. Crawford

Frances Croyle

Sam Davis

Delia DeSantis

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Sebastian Haskel

Hanna Jacobson

Carolyn Kaye

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Mildred Mason

Avis Pitman

Mary Phillips

Dorothy Robinson

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Private Diagnostic Service



The shortage of top-flight executive personnel, brought into sharp focus by World War II, has forced corporations to develop better means of protecting their greatest asset, the executive corps. The annual diagnostic examination program, which has as its primary objective the detection of any sign or warning of illness, is a result of this effort.

The annual program is predicated upon the beliefs that an executive who knows his state of health is a more effective person and that, in the presence of illness or impending illness, he will act in his own self-interest. Essential to these examinations is the maintenance of the patient-doctor relationship, and the understanding that the program is not intended to change the relationship the executive may have with his own physician.

The reason for placing the annual diagnostic programs in the hospital setting is a matter of economics. It is impossible to mass the necessary skills, equipment and materials in any setting which does not make continuous use of them.

Recognition of this fact caused The Roosevelt Hospital to establish in 1950 the Private Diagnostic Service which now provides full clinical laboratory, radiographic, physiological medical, electroencephalographic, and audiological facilities for members of its Medical Staff.

Corporations desiring to develop diagnostic programs select a physician of The Roosevelt Hospital Medical Staff who conducts such programs. The corporation and the physician review the specific corporation needs, as deter-



mined by the executives' age grouping and occupational environment, and arrive at a mutually agreeable plan of examination. The Hospital confines its activity in this connection to the provision of the diagnostic facilities.

Annual examinations are conducted on an inpatient or outpatient basis. The outpatient examinations involve 2 or 3 visits to the Private Diagnostic Service for examination by the doctor and completion of diagnostic tests. The inpatient examinations range from 2 to 4 days. On the Private Diagnostic Service floor are 2 deluxe suites of 7 rooms which may be used independently or together. Cost to corporations for diagnostic examinations depends upon extent of examination and the physician's fee.

At the conclusion of the examination the doctor reviews

his findings and recommendations with the executive and, when requested, sends his findings to the executive's personal physician.

In maintaining its Private Diagnostic Service, the Hospital is meeting a significant preventive medical need of business and industry. The experience of the past 7 years has demonstrated the effectiveness of the diagnostic program as a health-maintaining . . . and sometimes life-saving . . . instrument. The enlargement of the Private Diagnostic Service is the mute but substantial testimony of its acceptance as a management development technique by progressive corporate enterprise.



Report of the President of the Medical Board

A review of the professional services performed at The Roosevelt Hospital in 1957 cannot describe adequately the countless hours of united and devoted effort that a year of hospital work entails.

While statistics help give one some idea of the sheer magnitude of the job, the picture cannot possibly be vivid and complete except to those of us who helped create it — doctors and nurses, administrative officers, technicians and other personnel, social workers and volunteers and a dedicated group of trustees. It has been a great enterprise and it has succeeded because of loyalty and cooperation and a deep unselfish interest in the well-being of those who came to us for help. The service was rendered promptly, efficiently and in the friendly spirit so characteristic of our Hospital.

Our traditionally high standard of patient care could not be maintained without the alert and skillful assistance of our resident staff. Their duties are numerous and exacting. To train them to meet their responsibilities competently and resourcefully is one of our most solemn obligations. The educational program for our resident doctors and senior medical students from the College of Physicians and Surgeons of Columbia University is reviewed periodically and has received the closest attention of the chiefs of the various services. During the past year our four educational coordinators added many interesting didactic sessions in the conference rooms to the intensive clinical teaching in all fields by the attending staff. Weekly analysis and critical appraisal of the work of each professional service is an invaluable experience for all participants and has helped immeasurably in resident training, as well as in promoting the care of the patient.

It is most gratifying to report that during the past year our editor for Clinical Research helped the resident staff and many members of the attending staff in the preparation of manuscripts and bibliographies on 53 different subjects. The availability of fulltime editorial consultation and assistance is unique, I believe, in a hospital of our size.

Our Private Diagnostic Unit, established in 1950 and expanded last year, is being utilized by an increasing number of corporations for annual health investigation of their executives and other personnel. In 1957 more than 250





individuals received thorough examinations in this unit. The majority were found to be completely free of physical ailments. Problems of a minor nature were uncovered in many others. In a small group, a variety of unsuspected but potentially serious situations were disclosed, almost all of them at a stage at which corrective measures could be applied very efficaciously. The Diagnostic Unit already has established its value as a practical instrument of preventive medicine. We have abundant evidence that it will eventually become one of our very significant contributions to the public health.

The community The Roosevelt Hospital serves is the very heart of the City of New York. The sweeping growth of mid-Manhattan and the rebirth of the West Side are creating a demand for health services and medical care that is already taxing our existing facilities. Our Hospital has never shut its eyes to increased responsibilities. It will rise to these new ones as it has to others in the past.

To meet the ever-growing needs of our community, we committed ourselves in 1957, with the launching of the Progress Fund, to a program of modernization and expansion. The construction of the Garrard Winston Memorial Building will be an enduring monument to the vision and generosity of a man who had a deep and abiding faith in the Hospital. Our program can be achieved only through the continued personal interest and support of everyone in the Hospital community. For the great host of friends of The Roosevelt Hospital the Progress Fund is a fine and rewarding investment.

During this very eventful year the committees of the Medical Board have been of invaluable service to me. I wish to thank them sincerely for their help and guidance. I am greatly indebted also to the Administrative and Nursing staffs for their willing cooperation and their tireless efforts to meet the recurring problems of a busy hospital.

To our Board of Trustees I convey once again the respects and the gratitude of the professional staff of the Hospital. For two years Mr. George Roberts, Mrs. Donald F. Bush and Mr. Jack I. Straus have received with graciousness and understanding the numerous reports and suggestions that I have had the privilege of placing before them. I wish to record my personal appreciation of their kindness and indulgence.



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President, The Medical Board

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 Osborn P. Perkins, M.D., Ophthal.

Douglas Quick, M.B., Therapeutic Rad.
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Surg. Pathology

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 Howard C. Taylor, Jr., M.D.

Otolaryngological Service
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Pathology
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Neurology
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 Cornelius Traeger, M.D., Arthritis
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Neurology
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Endocrinology

Pediatric Service
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 James E. Thompson, M.D.

Attending Surgeons
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 J. Maxwell Chamberlain, M.D.
Thoracic
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 Charles W. Lester, M.D., Thoracic

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Head and Neck
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 Adrian Lambert, M.D.
 J. William Littler, M.D.
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 Charles F. Stewart, M.D.
 David M. Weeks, M.D.
 T. Scudder Winslow, M.D.

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 Thomas J. Dring, M.D., Orthopedics
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 Lee Gillette, M.D.
 Andrew M. Linz, D.D.S., Dental
 Walter A. Wichern, Jr., M.D.
Jr. Assistant Attending Surgeons
 Lowyd W. R. Ballantyne, Jr., M.D.
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 John T. Brennan, Jr., M.D.
 Charles Hillyer, D.D.S., Dental
 J. Beall Rodgers, M.D.

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 David B. Crawford, Jr., M.D.
 Ralph Gause, M.D.

Jr. Asst. Attending Gynecologist
 Anwar J. Hanania, M.D.

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 Perrin B. Snyder, M.D.

Assistant Attending Urologist
 William J. Nelson, M.D.

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Attending Otolaryngologist
 Hugh P. Davis, M.D.

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 Hilton H. Stothers, M.D.

Asst. Attending Otolaryngologists

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John S. Lewis, M.D.
Henry A. Rusch, Jr., M.D.
Roy T. Shults, M.D.

Jr. Asst. Attending Otolaryngologist
Felix DePinies, M.D.**Medicine and Medical Specialties****Medical Service****Chiefs of Medicine**

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William B. Sherman, M.D.
Gurney Taylor, M.D.

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Lillian Boker, M.D., *Allergy*
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William A. Gardner, M.D.
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Wilbur B. Hurlbut, M.D.
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Dermatology
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Thomas C. Scanlan, M.D.
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Dermatology
Herman Ziffer, M.D.

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Agnes Wilson, M.D.

Associate Attending Pediatricians

Umberto Stefano, M.D.
Leo M. Taran, M.D.

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Chief, Child Psychiatry

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J. Kendall Wallis, M.D.

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Jan Ehrenwald, M.D.
E. Alden Ellison, M.D.
Edward W. Kloth, M.D.
Francisco Merino, M.D.
Robert S. Mumford, M.D.
Harry R. Potter, M.D.

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Geneva Goodrich, M.D. (3)

Charles C. Hewitt, M.D.
Edith M. Jurka, M.D.
Stephan W. Kempster, M.D.
Max Levin, M.D.

Eleftheria R. Paidoussi, M.D. (2)

Child Psych.
David Schechter, M.D. (2), *Child Psych.*
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David H. Timrud, M.D. (2)
James W. Watson, M.D.
Virginia N. Wilking, M.D., *Child Psych.*

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Assistant Attending Pathologist
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Department of Radiology

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Howard S. Dunbar, M.D.
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Adrian Lambert, M.D.
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Eugene L. Watkins, M.D.

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Robert Wallis, M.D.	Gerald F. Machacek, M.D.		Burton B. Steel, M.D.
William B. Waterman, M.D.	Attendings		
Assistant Attendings	Samuel Hecht, M.D.	Attending	J. Kendall Wallis, M.D.
Gabriel A. Covo, M.D.	Wilbur B. Hurlbut, M.D.	Hedwig Koenig, M.D.	
Frank E. Iaquinta, M.D.	Daniel Hyman, M.D.		
Surgery	Assistant Attendings	Adjunct Psychiatric Service — Hospital Staff	
First Division	Frank Garai, M.D.	Chief Clinical Psychologist	
Philip D. Allen, M.D.	Tibor J. Nagy, M.D.	Helen Thompson, Ph.D.	
Wilson E. Alsop, M.D.	Clinical Assistants	Associate Clinical Psychologist	
	Harold W. Rosenberg, M.D. (2)	James W. Bagby, Ph.D.	
	Sadie Zaidens, M.D. (3)	Clinical Psychologist	
	DIABETIC CLINIC	Leopold Caligor, Ph.D. (2)	
	Chief	Research Assistant	
	Leo B. Halleran, M.D.	Roberta R. Edel (3)	
	Attendings	Clinical Assistant in Psychology	
	Norman W. MacLeod, M.D.	Alan Spires	
	Thomas C. Scanlan, M.D.	Assistant in Clinical Psychology	
	Donald M. Shafer, M.D., <i>Ophtbal.</i>	Ralph W. Barr (2)	
		Clinical Psychotherapist	
		H. Westman	
		Clinical Child Psychologist	
		Jean B. Zeaman, Ph.D.	

COURTESY STAFF

*Surgery and
Surgical Specialties*

Surgery

First Division

Philip D. Allen, M.D.
Wilson E. Alsop, M.D.

John B. Casale, Jr., M.D.
Bradley Coley, M.D.
Seward Erdman, M.D.
Jose M. Ferrer, Jr., M.D.
Robert S. Frankel, M.D.
W. C. T. Gaynor, M.D.
Gustave A. Haggstrom, M.D.
Richard B. Hamilton, M.D.
John M. Hanford, M.D.

J. William Hinton, M.D.
Robert H. Kennedy, M.D.
John C. McCauley, M.D.
Constantine J. MacGuire, M.D.
Frank L. Meleney, M.D.
John J. Moorhead, M.D. (1)
J. H. Mulholland, M.D.
Rudolph Schullinger, M.D.
Beverly C. Smith, M.D.

Gilbert H. Taylor, M.D., *Orthop.*
John M. Walker, M.D. (2)

Second Division
F. W. Bancroft, M.D.
E. Tremain Bradley, M.D.
G. A. Carlucci, M.D.
James R. Donaldson, M.D.
Wade Duley, M.D.

Frederick W. Finn, M.D.
E. L. Frazell, M.D.
John T. Goodner, M.D.
Halford Hallock, M.D., *Orthop.*
Norman Higinbotham, M.D.
Vansel Johnson, M.D.
John A. Kelly, M.D.
Harold B. Keyes, M.D.
Kenneth M. Lewis, Jr., M.D.
Kenneth M. Lewis, Sr., M.D.
Harrison L. McLaughlin, M.D.
Orthop.
Roland L. Maier, M.D.
Albert A. Morrow, M.D. (2)
Dryden P. Morse, M.D.
Philip C. Potter, M.D.
F. R. Thompson, M.D.
Robert W. Tilney, Jr., M.D.
Philip D. Wiedel, M.D.
Robert Wylie, M.D.

Dental Surgery
George K. Brazill, Sr., D.D.S.

Gynecology
Albert H. Aldridge, M.D.
Henry T. Burns, M.D.
Hubert S. Bush, M.D.
John T. Cole, M.D.
J. Randolph Gepfert, M.D.
J. P. Hennessy, M.D.
Donald G. Johnson, M.D.
Kenneth S. MacLean, M.D.
Charles M. McLane, M.D.
Robert S. Millen, M.D.
Equinn W. Munnell, M.D.

Urology
Charles K. Hamilton, M.D.
John C. Stockman, M.D.

Medicine

First Division

Gregory I. Altschuller, M.D.
Albert F. R. Andresen, M.D.
Horace S. Baldwin, M.D.
Howard G. Bruenn, M.D.
George A. Carden, Jr., M.D.
Arthur C. DeGraff, M.D.
Laurence H. Dowd, M.D.
C. Dary Dunham, M.D. (2)
Cary Eggleston, M.D.
Frank M. Falconer, M.D.
Clara M. Gross, M.D.
Henry F. Harris, M.D.
Sidney Heller, M.D.
George C. Hennig, M.D.
Lester J. Honig, M.D.
Oswald K. Jones, M.D.
George R. Lovell, M.D.
Gerald F. Machacek, M.D.
Marsh McCall, M.D.
Neva Eileen McGrath, M.D.
Leon Merkin, M.D.
Arthur E. Neergaard, M.D.
William S. Norton, M.D.
Frank G. Pettengill, M.D.
Loton Rasmussen, M.D.
John E. Sawhill, M.D.

Leander H. Shearer, M.D.
Martin deF. Smith, M.D.
M. William Spickler, M.D.
David D. Stowell, M.D.
Ralph E. Swope, M.D.
Thomas T. Tamlyn, M.D.
T. Lloyd Tyson, M.D.
R. Wendell Ward, M.D.
Byard Williams, M.D.

Second Division

Walter P. Anderton, M.D.
Henry Aranow, Jr., M.D.
Z. T. Bercovitz, M.D.
Dever S. Byard, M.D.
G. Jarvis Coffin, M.D.
Beekman J. Delatour, M.D.
Marshall F. Driggs, M.D.
A. Wilbur Duryee, M.D.
D. F. Elmendorf, M.D.
Shirley C. Fisk, M.D.
Helen Gavin, M.D.
H. Harold Gelfand, M.D.
Bernard Handler, M.D.
Hilary H. Holmes, M.D.
Robert L. Hutton, M.D.
Marco W. Johannsen, M.D.
William H. Lewis, Jr., M.D.
Walter Liebling, M.D.
Asa Lincoln, M.D.
Alexander V. Lyman, M.D.
John McCabe, M.D.
Robert V. McCormick, M.D.
Jack Nelson, M.D.
George H. Parks, M.D.
John J. Poutas, M.D.

H. MacLeod Riggins, M.D.
Frank A. Seixas, M.D.
Frederick H. Shillito, M.D.
Hamilton Southworth, M.D.
Louis Sternberg, M.D.
William D. Stubenbord, M.D.
John R. Twiss, M.D.
Robert Wallis, M.D.
W. L. Whittemore, M.D.

Allergy

Horace B. Chapin, M.D.
Harry Kaplan, M.D.
Harry Swartz, M.D.

Dermatology

Thomas N. Graham, M.D.

Neurology

James F. Culleton, M.D.

Physical Medicine

Hans Kraus, M.D.

Pediatrics

Samuel R. Berenberg, M.D.
John P. Craig, M.D.
Robert O. DuBois, M.D.
John E. Franklin, M.D.
Nathaniel Greenfield, M.D. (1)
Aldred A. Macdonald, M.D.
Guiseppe Previtali, M.D.
W. Russell Smith, M.D.
Samuel Stone, M.D.
Leo F. J. Wilking, Jr., M.D.
Catherine Lodyjensky, M.D.

(1) *Deceased* (2) *Resigned* (3) *Leave of Absence*

House Staff

Allergy

Residents
Lazarus J. Loeb, M.D.
Pablo Morazan, M.D.
Robert J. Moriarty, M.D. (2)
Rudolf E. Wilhelm, M.D. (1)

Graduate Fellow
Edward J. Conway, M.D.

Dental Surgery

Intern
Edward B. Armstrong, D.D.S.

Dermatology

Resident
Herbert M. Sinakin, M.D.

Gynecology

Resident
Saul Zelnick, M.D.

Assistant Resident
Robert I. Ayerst, M.D.

Medicine

Resident
Doris S. Pennoyer, M.D.

1st Assistant Residents
Joseph Bilbao, M.D.
John Edsall, M.D.
Richard M. Gardner, M.D.

2nd Assistant Residents
Gazanfer Alkaya, M.D.

Nirmal K. Majumdar, M.D.
Jacques Richard d'Aulnay, M.D.
Sheldon M. Weiner, M.D.
Gerald Weintraub, M.D.

Interns

Marcia K. Bilbao, M.D.
Joel M. Bockol, M.D.
Jane Chatten, M.D.
Robert K. Emy, M.D.
Brian G. McDade, M.D.
George A. Sprecace, M.D.

Otolaryngology

Resident
Hi Chun Choi, M.D.

1st Assistant Resident
Phedon Kachtitsis, M.D.

2nd Assistant Resident
Zigmund Leibovici, M.D.

Pathology

Assistant Residents
Dimitry Chachutow, M.D.
Harutune Guonian, M.D.
Felix Vieux, M.D.

Pediatrics

Fellow
Nizamettin Kilic, M.D.

Assistant Residents
Halldor J. Hansen, M.D.

Jazmin Imamura, M.D.
Mary Karahali, M.D.

Plastic & Reconstructive Surgery

Residents
John D. Alton, M.D.
Robert Woolf, M.D.

Psychiatry

Fellow
John M. Price, M.D.

Resident

S. David Kahn, M.D.

Assistant Residents
Jesus Berdala, M.D.
Renato Sucini, M.D. (2)

Radiology

Residents
Paul Duchesneau, M.D. (1)
Renate Duchesneau, M.D. (1)

1st Assistant Residents
Cesar E. Rosa-Perez, M.D.
Paul Tartell, M.D.

2nd Assistant Resident
Tevfik Gokcebay, M.D.

Surgery

Residents
David A. Eaton, M.D.
John Farrell, M.D.

Alvin E. O'Sullivan, M.D.

1st Assistant Residents

Frederick O. Bowman, Jr., M.D.
Henry Holle, M.D.
Verlyn M. Miller, M.D. (2)
Douglass C. Pennoyer, M.D.
James H. Terry, M.D.

2nd Assistant Residents

Peter LaMotte, M.D.
George Nugent, M.D.
Cedric J. Priebe, M.D.

3rd Assistant Residents

Milton Comer, M.D.
Thomas E. Federowicz, M.D.
Robert A. Hinrichs, M.D.
Lars A. Skilbred, M.D.
Jerome G. Stabile, M.D.
Joseph N. Ward, M.D.

Interns

Robert B. Ambrose, M.D.
Hubert S. Bush, Jr., M.D.
John E. Crisp, M.D.
Leonard A. La Bua, M.D.
William C. Rhangos, M.D.
Jay Wagner, M.D.
Chin Bor Yeoh, M.D.

Urology

Resident
William A. Vessie, M.D.

Assistant Resident
Max K. Griffel, M.D.



Report of the Chairman of the Volunteer Committee

The Roosevelt Hospital Volunteer Committee increased its program of service in and to the Hospital during 1957.

Within the Hospital, 308 volunteers gave 27,696 hours of service — their best record since 1952. Volunteers gave direct service to patients on private, ward, and semi-private floors; in the Outpatient Department; in occupational and recreational therapy; through interpreters and messenger service, and with the Patients' Free Library which provided reading material twice weekly at the bedside and the Shop Cart which made weekly rounds. Two new services were added during the year — an escort service where volunteers take patients to and from the weekly religious services on Tower II and service in the Cardiopulmonary Laboratory.

Equally important to patient care, but without direct patient contact, were those volunteers who served in the laboratories, x-ray, the blood bank, medical records, the Gift Shop, the Social Service Department, the Volunteer Office, the Development Office and in various capacities for the Ball of Roses and the Progress Fund.

Service to the Hospital, though taking place outside its walls, brought in funds from various sources. The Nearly New Shop continued to set records and, after regular and special contributions of \$1,935 to the Social Service Department, gave \$17,384 to the Maintenance Fund. Participation by Committee members in the United Hospital Fund Campaign and in Hospital Week resulted in 343 gifts totaling \$53,597, of which the Hospital received \$43,027 to help defray the cost of the free-care program. The fifth annual Ball of Roses added another \$35,019. The Progress Fund, for which Committee members are working, provides another service of this kind to Roosevelt.

The Committee wishes to take this opportunity to express their grateful thanks to Miss Ruth Cushman and Miss Mabel Hur who maintain such an effective Volunteer Department, to Miss Christine Kutka for running our Gift Shop so capably, and to all the volunteers who give so unselfishly of their time and of themselves.

MRS. LEICESTER H. SHERRILL
Chairman, The Volunteer Committee



Chairman & Representative to Board of Trustees: Mrs. Leicester H. Sherrill

Vice Chairman: Mrs. James E. Thompson

Secretary: Mrs. Eugene P. Warner

Treasurer: Mrs. Charles G. Wray

Volunteer Services: Miss Thayer Gibbons
Volunteer Shop: Mrs. Albert Lee Hawes
Volunteer Shop Cart: Mrs. William Wendt
Patients' Free Library: Mrs. C. Peabody Mohun
Thrift Shop: Mrs. Hoyt Spelman
Red Cross Nurses' Aides: Miss Nancy Walker
House: Mrs. J. Joseph Mylott

Membership: Mrs. Adrian Lambert
Social Service: Mrs. Stuart M. Crocker
Children's Recreational: Mrs. Clarence A. Dunn
United Hospital Fund Drive: Mrs. Ronald B. Campbell
United Hospital Fund Box Week: Mrs. Howard C. Adams
Special Projects: Mrs. Harold L. Suttle
Ball of Roses: Mrs. Frederick H. Amendola
Mrs. George E. Roosevelt

Volunteer Committee Members

Mrs. Howard C. Adams
Mrs. Frederick H. Amendola
Mrs. Richard B. Ayer
Mrs. Daniel Bacon
Mrs. Walter C. Baker
Mrs. Markle Bannard
Mrs. George A. Benington
Mrs. Marshall Blankarn
Mrs. Bruce Bliven
Mrs. Norton S. Brown
Mrs. Ronald B. Campbell
Mrs. Henry W. Cave
Mrs. John H. Claiborne
Mrs. Stuart M. Crocker
Mrs. William E. Delehanty

Mrs. Clarence A. Dunn
Mrs. Randall N. Durfee
Mrs. Thomas L. Ennis
Mrs. Mansfield Ferry
Miss Thayer Gibbons
Mrs. Charles W. Goodeve
Mrs. Donald Grant
Mrs. William Harding
Mrs. Albert Lee Hawes
Mrs. Anne K. Holder
Mrs. Rufus G. King
Mrs. Adrian Lambert
Mrs. Robert L. Levy
Mrs. Frederic W. Lincoln
Mrs. Gordon W. Mallatratt

Mrs. J. Joseph Mylott
Miss Gertrude Ogden
Miss Katharine deB. Parsons
Mrs. Howard A. Patterson
Mrs. Charles I. Pierce, Jr.
Mrs. Lewis T. Preston
Mrs. George E. Roosevelt
Mrs. P. James Roosevelt
Mrs. Philip J. Roosevelt
Mrs. Leicester H. Sherrill
Mrs. Hoyt Spelman
Mrs. Harold L. Suttle
Mrs. Gurney Taylor
Mrs. James E. Thompson
Mrs. John D. C. Towne, Jr.

Mrs. Alfred G. Tuckerman
Mrs. Roger Tuckerman
Miss Nancy Walker
Mrs. Katherine E. Ware
Mrs. Eugene P. Warner
Mrs. William Wendt
Mrs. William H. Wilson
Mrs. Julian L. Woodward
Mrs. Charles G. Wray

Mrs. Donald F. Bush
Mrs. Agnes Chapman
Mrs. Gayer G. Dominick
Mrs. William A. Dreher
Mrs. Elisha Dyer
Mrs. John N. Irwin, II
Mrs. Frederic R. King
Mrs. Vadim S. Makaroff
Mrs. Walter G. Merritt
Mrs. C. Peabody Mohun
Mrs. John K. Roosevelt
Mrs. William H. Taft, II
Mrs. Howard C. Taylor, Jr.

Mrs. Francis D. Bartow
Mrs. F. Wilder Bellamy

Miss Rona Adler
Mrs. Jose Alarcon
Mr. William H. M. Albertson
Miss Adele M. Amend
Mrs. Ethel E. Anderson
Miss Karin L. Antenucci
Mr. Francis J. Asklar
Mrs. James N. Barnard
Mrs. H. T. Barrens
Mrs. Edith Bean
Mrs. J. B. Berkman
Miss Itala Bianchi
Mrs. E. B. Bickley
Miss Elisabeth G. Binder
Mrs. Elsie Blume
Mrs. Morris Bonderefsky
Miss Toni Brook
Mrs. E. F. Caes
Miss Hannah M. Campbell
Mrs. Ruth Carroll
Mr. Vincent T. Case
Mrs. Robert Casey
Mrs. William H. Cassebaum
Mrs. Daniel Catlin
Miss Linda J. Chandler
Mrs. Trevett C. Chase
Miss Theodora Christon
Miss Mary J. Chubbuck
Mrs. Mary S. Churchill
Miss Anne R. Cialeo
Mrs. H. J. Clancy
Mrs. Gordon R. Clapp
Miss Dinah Cohen
Mrs. J. B. Coleman
Mrs. R. C. Connor
Miss Constance E. Crump
Miss Agnes Cunningham
Miss Margaret A. Cushman
Miss Nancy G. Cypress
Miss Emily Davie

Mrs. John Earl Davis
Miss Henrietta Dekan
Miss Penelope Dixon
Miss Margaret G. Doran
Miss Mary M. Drank
Mr. Eric N. Dunn
Miss Paula R. Eyerly
Mrs. Minnie L. Fahlman
Miss Joan P. Faughnan
Mrs. S. A. Feig
Mrs. R. G. Fiske
Miss Minerva Frazier
Mrs. Julian M. Freston
Miss Pauline Freund
Mrs. Felice Fruhling
Mrs. J. P. Furniss
Mrs. Juan A. Garcia
Mrs. G. B. Garfield
Miss Claire Gatter
Miss Selma B. Geller
Mrs. John Gemmill, Jr.
Mrs. George F. Getty
Mr. Douglas Gibbons
Miss Mary L. Givens
Miss Mildred Glaser
Miss Catherine Goekel
Mrs. Harry Goldberg
Miss Ellen F. Goldstone
Mrs. J. L. Greene
Miss Barbara J. Gregory
Miss Gloria V. Groff
Miss Roslyn Grossberg
Miss Connie G. Guccione
Mrs. Maud M. Hamilton
Mrs. Emilie Pratt Hamm
Mrs. Dora K. Handman
Mrs. George P. Harrington
Miss Marion C. Harris
Miss Marian G. Harrison
Mrs. H. R. Hastings

Mr. Emil Heiman
Miss Barbara Herman
Miss Joan E. Heydolph
Miss Lee M. Heimenz
Mrs. Norman L. Hope
Mrs. L. Horowitz
Mrs. M. Infanzon
Mrs. Royal C. Inger
Mrs. Sturgis S. Jenkins
Miss Frederica E. Johnson
Mrs. William McL. Jones
Mrs. Elizabeth A. Jones
Miss Merrily B. Karpell
Mrs. Muriel U. Krell
Miss Rosa La Rocca
Mrs. Olga W. Latner
Miss Marianne Lazur
Miss Rona C. Lefkowitz
Miss Margot M. Lisa
Mrs. R. F. Little
Mrs. E. A. Lucas
Mr. Anthony O. Lujardo
Mrs. Irene MacDonald
Miss Miriam Mamolen
Miss Demi Marciano
Miss Alleyne E. Mathews
Mrs. William G. McKnight
Mr. Gerald H. Meade
Mrs. T. A. Mesereau
Mrs. W. Michaelis
Miss Marion Moore
Miss Janice M. Murray
Miss Hazel Nelson
Mrs. R. S. Nucatola
Miss Bernadette O'Grady
Mr. Fernando Luis Paez
Miss Mary Papoulas
Mrs. John E. Parsons
Mrs. Harry O. Payne
Mrs. J. H. Pease

Mrs. Emily M. Peters
Mrs. M. D. Petras
Mrs. Gabriel Peyre
Mrs. Myrtle D. Porter
Miss Caroline M. Potter
Miss Jane L. Powell
Miss Nancy B. Powell
Mrs. Greta Rathjen
Mrs. Olive E. Redfield
Mrs. Anne Rengstorff
Miss Audrey Ruth Rengstorff
Miss Edith B. Rennie
Miss Barbara C. Rex
Miss Robin R. Riesner
Mrs. E. C. Riley
Miss Eleanor A. Rittenhouse
Miss Lee T. Robba
Miss Christine P. Rozicky
Mrs. W. J. Ruane
Miss Sara Rubinow
Miss Margaret Louise Santry
Mrs. Beatrice Sattler
Miss Holly M. Schaetzle
Miss Bertha Schatzberg
Miss Eva Schlesinger
Mrs. Lillian Schlichter
Mrs. H. J. Schnorbus
Miss Sheila N. Schwartz
Miss Mildred B. Shannon
Mrs. Leroy Shield
Mrs. Concetta Shine
Miss Frances M. Sidlo
Mr. Bernhard Singer
Miss Ilene J. Slater
Mrs. James C. Slaughter
Miss Catherine Smith
Miss Doris C. Soden
Mrs. Caroline A. Soresi
Mrs. Herbert W. Souter
Mrs. Jane Stauffer

Mrs. Joseph R. Stauffer
Mrs. M. S. Steckler
Mrs. Jane V. Stevens
Mr. John P. Stillman
Mrs. John Stipek
Mrs. F. B. Tausig
Miss Carlier Teran
Miss Margaret C. Timpson
Miss Lorell H. Tomlinson
Miss Joan L. Turner
Miss Patricia Ann Tuttman
Mrs. Louis Uhl
Mrs. Franz J. Ullsperger
Mrs. Adele B. Ulrich
Miss Rivalee Utchansky
Mrs. J. A. Vaill
Miss Connie Valenti
Miss Margaret G. Valentine
Mrs. W. R. Van Brunt
Mrs. Betty Van den Heever
Miss Harriet Van Horne
Miss A. L. Vincent
Miss Dorothy E. Wachtel
Miss Anne Marie Walsh
Miss Patricia A. Walsh
Mrs. A. H. Ward
Miss Evelyn Ward
Miss Barbara Joan Wax
Mrs. A. C. Weil
Mrs. Grace Weinberg
Miss Beverly A. Weinstein
Miss Shirley Weinstein
Mrs. L. J. Whitestone
Miss Anita Betty Wiegand
Mrs. H. C. Winans
Mrs. Julius P. Witmark
Mrs. R. A. Ziegler
Miss Irene Zwillinger

THE ROOSEVELT HOSPITAL

Assets

General and Temporary Funds Assets:

Cash	\$ 482,372
Investments — Bonds and stocks, at cost (approximate market quotation value, \$325,656)	311,048
Interest receivable	51,730
Accounts receivable:	
Patients' care (less estimated uncollectible accounts, \$182,737)	631,560
Other	43,504
Inventory of supplies — at cost	111,194
Prepaid insurance and other expenses	5,403
<i>Total general and temporary funds assets</i>	\$ 1,636,811

Endowment and Special Funds Assets:

Cash	\$ 688,096
Endowment funds investments:	
Bonds and stocks, at cost (approximate market quotation value, \$3,240,103)	2,842,067
Mortgages receivable and real estate	126,087
Special funds investments — Bonds and stocks, at cost (approximate market quotation value, \$4,179,665)	4,281,728
Interest receivable	23,359
<i>Total endowment and special funds assets</i>	\$ 7,961,337

Plant Fund Assets:

Land and land improvement — at cost	\$ 323,355
Buildings and equipment — at cost (less accumulated depreciation, \$3,425,825)	7,158,244
Construction in progress:	
Ward modernization	\$238,305
Food service alterations	111,534
Garrard Winston Memorial Building	40,201
Communications system	39,596
School of Nursing	19,661
Investments — Bonds and stocks, at cost (approximate market quotation value, \$924,153)	958,914
Cash	50,368
<i>Total plant fund assets</i>	\$ 8,940,178
<i>Total</i>	\$ 18,538,326

notes:

- (1) In October 1956 the Hospital acquired a residential apartment house for staff personnel for \$625,000 by executing a mortgage for \$250,000, assuming an existing mortgage of \$225,000, and a cash payment of \$150,000. The mortgage for \$250,000 bears interest at 4½% per annum and requires quarterly payments including interest of \$4,375. The mortgage for \$225,000 bears interest at 5% per annum and is due July 1, 1959.

BALANCE SHEET, DECEMBER 31, 1957

Liabilities

General and Temporary Funds:

Liabilities:		
Accounts payable	\$ 190,379	
Accrued payroll	104,686	
Other liabilities	93,478	
Total	<u>\$ 388,543</u>	
Fund Balances:		
General Fund Reserve	945,652	
Temporary Fund Reserves	302,616	
Total general and temporary funds	<u>\$ 1,248,268</u>	

Endowment and Special Funds:

Endowment Fund Reserves	\$3,033,007	
Special Fund Reserves:		
Unrestricted gifts and legacies	\$1,735,059	
Stuart M. Crocker Educational Fund	954,906	
Progress Fund	<u>2,238,365</u>	
Total endowment and special funds	<u>\$ 7,961,337</u>	

Plant Funds:

Plant Fund Reserves:		
Capital invested in property	\$7,012,955	
Construction funds	442,764	
Total plant fund reserves	<u>\$7,455,719</u>	
Mortgages payable	468,644	
Accounts payable	19,661	
Replacement Funds	<u>996,154</u>	
Total plant funds	<u>\$8,511,326</u>	
Total		

(2) As of May 1, 1957 the Hospital amended its policy, adopted in 1955, of setting aside funds annually for the replacements of furniture and equipment equivalent to the provision for depreciation whereby future funding will be made only in those years in which earnings are available for this purpose.

THE ROOSEVELT HOSPITAL

Statement of Income

FOR THE YEAR ENDED DECEMBER 31, 1957

Operating Income:

Care of patients:		
In patients	\$4,196,657	
Ambulatory	521,751	<u>\$4,718,408</u>
Less:		
Free care (including allowances).....	\$ 626,842	
Provision for uncollectible accounts	154,266	<u>781,108</u>
Care of patients — net		
Other income (including transfers from temporary funds, \$31,089)		<u>\$3,937,300</u>
<i>Total operating income</i>		<u>425,057</u>
		<u>14,362,357</u>

Operating Expenses:

Professional, nursing and special services	\$2,701,603	
Out patients	250,926	
Dietary	633,874	
Household and property	854,606	
Residence buildings	151,416	
Administration	793,599	
<i>Total operating expense</i>		<u>5,186,024</u>
<i>Net Operating Loss Before Depreciation</i>		<u>1,023,667</u>

Depreciation:

Buildings and fixtures.....	\$ 179,983	
Furniture and equipment.....	148,036	<u>327,019</u>
<i>Net Operating Loss</i>		<u>\$1,351,666</u>

Other Income:

Investment income for general purposes — net.....	\$ 213,617	
United Hospital and Greater New York Fund grants	160,794	
Contributions	165,391	
<i>Total Other Income</i>		<u>539,802</u>
<i>Net Loss for the Year</i>		<u>\$11,884</u>

The notes to the accompanying balance sheet are an integral part of this statement.

Summary of Changes in Funds

FOR THE YEAR ENDED DECEMBER 31, 1957

	GENERAL FUND	TEMPORARY FUNDS	ENDOWMENT FUNDS	SPECIAL FUNDS	PLANT CAPITAL	FUNDS REPLACEMENT FUNDS
<i>Balance, January 1, 1957</i>	\$1,105,425		\$2,661,382	\$3,366,256	\$7,216,904	\$1,005,750
<i>Credits:</i>						
Net income (loss) for the year	(811,884)					
Contributions		\$ 85,821	3,587	2,496,819		
Legacies, distributions from estates, and receipts for endowment of beds and rooms	29,540		377,851	235,254		41,402
Net gain (loss) on disposal of securities	92	(7)	(12,263)	6,907		(3,250)
Income from investments		13,267		75,569		48,908
Property additions (expenditures)	(73,597)	(47,137)		(37,166)	164,641	(6,743)
Construction in progress (expenditures)				(415,192)	415,192	
Fund transfers:						
Temporary funds from special funds to general and temporary funds as of January 1, 1957		350,275		(350,275)		
For depreciation on buildings and equipment (unfunded)	291,866				(291,866)	
For depreciation on furniture and equipment (funded) (Note 2)					(47,596)	47,596
Proceeds from disposal of equipment	925				(1,556)	631
From replacement fund	88,140	50,000				
From unrestricted gifts and legacies	384,737			(384,737)		
Other	7,903	(34,389)	2,455	24,031		(138,140)
<i>Total</i>	\$1,023,147	\$417,830	\$3,033,012	\$5,017,466	\$7,455,719	\$ 996,154
<i>Charges:</i>						
Prior year adjustments:						
Patients' accounts receivable	\$ 63,105					
Inventory of supplies	14,359					
Patients		\$ 43,904			\$ 26,868	
Grants and loans		381			42,538	
Progress Fund campaign expenses					19,730	
Other	31	70,929	\$ 5	\$ 89,136		
<i>Total</i>	\$ 77,495	\$115,214	\$ 5	\$ 89,136		
<i>Balance, December 31, 1957</i>	\$ 945,652	\$302,616	\$3,033,007	\$4,928,330	\$7,455,719	\$ 996,154

The notes to the accompanying balance sheet are an integral part of this summary.

HASKINS & SELLS

CERTIFIED PUBLIC ACCOUNTANTS

March 17, 1958

Accountants' Certificate

Board of Trustees of The Roosevelt Hospital:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1957 and the related statement of income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of income and summary of changes in funds, with the footnotes pertaining thereto, present fairly the financial position of the Hospital at December 31, 1957 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



HASKINS & SELLS

1869

ROOSEVELT HOSPITAL.
FOUNDED UNDER THE WILL OF
James A. Roosevelt.

"Extract from the Will."

"All the rest and residue of my personal estate, including all lapsed legacies, together with all my estate not hereinbefore well and effectually disposed of. I give in trust, to the several and successive Presidents ex officio for the time being, of the respective managing Boards of those five certain Incorporations in the City of New York, known as "The Society of the New York Hospital," "The College of Physicians and Surgeons in the City of New York," "The New York Eye Infirmary," "The Demill Dispensary," and "The New York Institution for the Blind," and to my friends the HONORABLE JAMES J. ROOSEVELT, EDWIN CLARK, Esq., JOHN M. KNOX, Esq., and ADRIAN H. MULLER, Esq., all of said city, and to the survivors or survivor of them, for the establishment in the City of New York of a Hospital for the reception and relief of sick and diseased persons, and for its permanent endowment."

FORM OF
BEQUEST

*I give and bequeath to The Roosevelt Hospital in the
City of New York, the sum of _____
dollars (or _____ fraction of my
residuary estate).*

*the inspiration of the voluntary institution
has its roots in the belief in
the American system of free enterprise*

*its survival, as its founding, is dependent upon the willingness
of the society it serves to give
of its spiritual and material wealth*

*the withering of this support will knell not merely
the passing of the voluntary institution
but the belief in free enterprise itself as a way of life*

THE GIFT OF GIVING . . .



. . . SERVICE FOR 86 YEARS

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1958 / ANNUAL REPORT



*serving its community
since 1871*

T H E R O O S E V E L T H O S P I T A L



THE ROOSEVELT HOSPITAL

...is approved for intern and resident training by

The American College of Surgeons
The American Medical Association
The American Dental Association

...is accredited by

The Joint Commission on Accreditation of Hospitals

...is affiliated with

The College of Physicians and Surgeons, Columbia University

...is a member of

The American Hospital Association
The Hospital Association of New York State
The Greater New York Hospital Association
The Greater New York Fund
The United Hospital Fund

*...is a participating hospital in the Master Plan for
Hospitals and Related Facilities of*

The Hospital Council of Greater New York

THE ROOSEVELT HOSPITAL SCHOOL OF NURSING

...is approved by

The New York State Department of Education

...is fully accredited by

The National League for Nursing Accrediting Service

...is a member of

The Department of Diploma and Associate Degree Programs
of the National League for Nursing

Annual Report 1958

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**all listings as of December 31, 1958*

428 WEST 59TH STREET
NEW YORK 19, NEW YORK

THE

Origin

THE VOLUNTARY HOSPITAL, dating back to the founding of this country, is a living tribute to the traditional American belief of self determination. It was conceived and developed to meet *community health needs*, with community resources, by enlightened and socially responsible citizens.

THE VOLUNTARY HOSPITAL is literally *a community resource*, basic to all other human activity, in which all citizens have a fundamental stake. It is managed without pay by Trustees whose only reward is the knowledge of their contributions of time and energy to a socially sound and vital service.

THE VOLUNTARY HOSPITAL, with only 29% of the nation's beds, admits annually 67% of the country's patients. Patients unable to pay for medical care are treated without charge by attending staff doctors. *Community volunteers* serve, without pay, untold hours in practically all parts of the hospital.

THE VOLUNTARY HOSPITAL, with neither stocks nor dividends, is an organization without financial profit. Under law, all of its resources must be used for hospital purposes. The average Voluntary Hospital operates at a loss since over 8% of its costs are not met through income from patients. It is critically dependent upon funds from philanthropic giving, the campaigns, bequests and endowments, to enable it to continue to serve the community.

AND THE COMMUNITY



Need

THE VOLUNTARY HOSPITAL, to survive, must remain responsible to the total community's need, not to that of *any* organized segment seeking special power or economic position. The perpetuation of its service and spirit will in the future, as now, depend in major part upon the capacity of the Voluntary Hospital to withstand, *with community support*, the erosion of power groups acting in their own self interest. The community, if it wishes to preserve this vital national resource must be, more than ever before, ready and willing to give moral, physical and financial support without regard to religious, economic or political affiliation, to this American institution.



REPORT OF *the President* *of the Board of Trustees*

At this, the end of the second year of our Progress Fund campaign for the new Garrard Winston Memorial Building, we can look back at the accomplishments possible in one year when many individuals are working together toward a common end. Through day-in, day-out effort, we have moved steadily toward our Progress Fund goal.

The highlight of the year came on the 30th of October when the establishment of an Obstetrical Service at Roosevelt became a certainty. On that day we received a gift of one million dollars from the Ambrose Monell Foundation to construct an obstetrical floor in the Winston building. The sum of \$250,000 was given outright and \$750,000 pledged if we raise an additional \$1,000,000 by November 30, 1960—a challenge we shall certainly meet! The gift was arranged through the efforts of Edmund C. Monell, a member of our Board. The obstetrical floor will be a memorial to his mother, the late Maude Monell Vetlesen, who served as an honorary member of our Board from March 1956 until her death last May.

The value of this gift cannot be overestimated; we have long needed Obstetrics at the Hospital. In our earliest days, there was no reason for Roosevelt to provide this service. With Sloane Hospital for Women and the Nursery & Child's Hospital in our immediate vicinity, there was a flow of patients among the hospitals and the staffs were overlapping. Then in 1928, Sloane moved uptown to become part of the Columbia-Presbyterian Medical Center. In 1934, Nursery & Child's merged with New York Hospital. The vacuum left when these hospitals moved away from Roosevelt has never been filled. Finding financial support both to create and to sustain this service seemed a major problem.

Then came the Monell gift. The importance of Obstetrics to the Hospital was known to Maude Monell Vetlesen. During one of my last conversations with her she said: "Tell me about Obstetrics—why do you need it so much?"

Maude Vetlesen's close association with our Mrs. Evelyn Fraser Stevens and Mrs. Mildred Daly had given her the historical background better than I could. I told her, then, of the importance of Obstetrics not only in terms of patient care but in the education of young doctors and student nurses. I told her of the Medical Staff's firm conviction that no service was more needed to make Roosevelt *truly* a general hospital. Maude Monell Vetlesen was a generous and intelligent woman. I am sure that she would have been gratified



to have the obstetrical floor given in her name—and I can think of no memorial more worthy of her.

PROGRESS FUND GAINS

If the Monell gift gave tangible substance to our faith in the Hospital, our loyal employees this year demonstrated its validity when more than 750 employees—representing every department—contributed the impressive total of \$11,978 to the Progress Fund.

Our Volunteers, too, have matched devotion with generosity. Under the co-chairmanship of Mrs. Harold L. Suttle and Douglas Gibbons, the women's division of the Progress Fund arranged a benefit dinner at the opening of the Trader Vic restaurant in the Savoy Plaza that brought in \$10,230 to the Fund.

Through such constant efforts as these and under the capable leadership of chairman, J. Luther Cleveland, the Progress Fund moved nearer and nearer the goal. From the 1957 total of \$3,033,152, we climbed steadily to a year-end total of \$5,317,236—with another \$1,000,000 pledged in contingent gifts.

So encouraging was this response to the Progress Fund that early in 1959 we of the Board made a momentous decision. We approved plans to add the shell of the top five floors to the new building in the initial construction. Erecting the shell will add \$2,000,000 to the cost of the building—thus raising our goal from \$8,000,000 to \$10,000,000.

Although the Winston building was designed to rise to 12 stories, our plans had called for the construction of only the first seven floors at this time. The five top floors were to be added in the late 1960's. Since the Hospital drew its original plans, however, the Coliseum apartments and office buildings have been completed and the Lincoln Square project has become a reality. Construction of the Winston building in its entirety will come none too soon if Roosevelt is to fulfill its responsibilities to this growing community.

Still another important consideration in the decision to complete the building in a single stage was the fact that were the five upper floors to be erected at a later date, they would constitute an addition to a building already housing patients, operating rooms, laboratories and other facilities. All would be subjected to the noise, dirt and confusion of major construction. In addition, an estimated \$600,000 will be saved by completing the building in a single stage.

We of the Board are convinced that this is a sound decision. Nonetheless the task ahead is formidable. First, there is the compelling necessity to meet the contingent pledges. Mr. Rockefeller has kindly extended to November 30, 1959, the date by which we must have \$7,750,000 if we are to obtain the additional \$250,000 he has pledged. A heartening fact is that in meeting Mr. Rockefeller's challenge we shall have passed the \$6,100,000 mark needed to obtain the additional \$750,000 from the Monell Foundation. After earning these contingent pledges—as we shall—we must still raise \$2,000,000 to achieve our \$10,000,000 goal.



This is a task that will require not only the sustained effort of this year, but effort redoubled. All of us—Doctors, Volunteers, and Trustees—must ask ourselves, "Why am I interested in The Roosevelt Hospital?" Only as each of us answers this shall we reach the goal *we set ourselves*.

VOLUNTEER ACTIVITIES

Despite the many activities on behalf of the Progress Fund, we have not neglected our immediate responsibilities. Under the co-chairmanship of Mrs. Frederick H. Amendola and Mrs. George E. Roosevelt, the sixth annual Ball of the Roses netted \$35,170 to help support the Hospital's free-care program for the indigent sick. Additional support for this program came from semi-annual appeals to the public we serve. Headed by Mrs. Harold L. Suttle, the Free Medical Care Fund received 944 gifts totaling \$146,803. And again this year, the Roosevelt teams representing Trustees and Volunteers took part in the United Hospital Fund campaign. Together the Trustees, led by Gerrish H. Milliken, Jr., and the Volunteers, led by Mrs. Ronald B. Campbell and Mrs. Thomas L. Ennis, raised \$87,476 for the Fund.

As a token appreciation of our debt to our Volunteers, a program was initiated this year to award them service pins. Based on continuing service of five years or more, pins were awarded in May at the annual tea given for Volunteers by the Board. Mrs. C. Peabody Mohun and Mrs. Philip J. Roosevelt received pins for 25 years of service. Mrs. Henry W. Cave, Mrs. Elisha Dyer and Mrs. Howard A. Patterson were presented with pins for 20 years of service. Nine Volunteers received 15-year pins, 20 received 10-year pins and 27 received five-year pins.

DEFICIT REDUCED

It is especially gratifying to report the great improvement in the financial operations of the Hospital. This year the Hospital's operating loss, before depreciation, was \$189,000—as compared to \$484,000 in 1957. This is the *actual* loss after all income, investments, United Hospital and Greater New York Fund grants have been included. To this, a sum of \$356,000 must be added for depreciation on buildings and equipment. This net operating loss of \$545,000 is, however, a thirty-three percent improvement over the 1957 net operating loss of \$812,000.

There were many reasons for this improvement, including higher Hospital occupancy, an increase in gifts and grants and improvements in existing facilities. An important factor this year—and one that will be even more important in the future—was the fuller meeting of its responsibilities to the voluntary hospitals by the City of New York. In my 1956 Annual Report, I pointed out that while New York's voluntary hospitals provided 45% of the ward bed facilities and 59% of the outpatient facilities for the indigent



sick, the City did not adequately reimburse the hospitals for the cost of this ward care and did not contribute at all toward the clinic care.

On September 1, 1958, the City instituted payments to the voluntary hospitals of \$5 for each clinic visit by a certified City patient. With approximately 16,000 of Roosevelt's 94,038 clinic visits made by City patients, this payment has brought us \$26,000 since September.

During the past five years, ward days for City patients have increased from 38,000 to 54,000. In 1958, the total cost of service to indigent patients was \$1,667,000 for which we received \$627,000—a loss of \$1,040,000. Since our 1958 operating loss is considerably less than this, it is apparent from these figures that the largest part of *all other income* we receive goes to offset our loss on City patients. In 1959, with clinic reimbursement for a full year and the increase in payments for City inpatients due July 1, our loss on City patients will be further reduced, but still far from eliminated.

A new agreement between the City and the voluntary hospitals operating ambulances increased payments from \$18,000 to \$20,000 per ambulance. Also, the hospitals received a premium on the number of trips over 3,500—an important gain for Roosevelt whose ambulances made 8,367 trips in 1958.

With these new agreements, the City has taken a large step toward meeting its obligations to the voluntary hospitals. For this much credit is due Alfred L. Rose, President of Mt. Sinai Hospital, who as Chairman of the United Hospital Fund's Trustee Committee, effectively presented our need for increased support to the City.

THE ROPER REPORT

While we are pleased with the record for 1958, it has not been a year without problems. In May we received the digest of a study conducted for the United Hospital Fund by Elmo Roper and Associates on the public's attitudes toward hospitals and their financing. While the Report found a "confidence bordering on over-confidence" in our scientific up-to-dateness, there was extensive criticism and resentment for "neglect in a time of helplessness."

We feel this Report poses problems we can and must do something about—and there is considerable public good will working for us. Although most of those interviewed did not know what a voluntary hospital was, nor how it differed from a private or municipal one, the majority of persons when asked to name a hospital they considered an especially good one invariably named a voluntary one.

On October 21, 250 hospital presidents, trustees, administrators, State and City officials and representatives of women's groups met under the co-sponsorship of the United Hospital Fund and the Greater New York Hospital Association. We discussed plans to give the public a more realistic appraisal of our financial situation and the ways in which we could change the public's appraisal of "coolness" and, frankly, its attitude of non-support.

An important result of the Roper Report for Roosevelt was the decision by the Board late in the year to bring in the Fred Rudge Associates to help



us determine how best to meet these problems. The Rudge Associates is a firm of consultants whose role is to help the organization make fuller use of its own ideas and talents. We are looking forward eagerly to the results of this study.

ACTIVITIES OF THE BOARD

The problems to be resolved this year underscored the need for the Board to work more closely with the Medical Board and members of the Administration. The many meetings with the Medical Board on the pros and cons of adding Obstetrics gave the Trustees more of a feeling for the necessity of interdependence than any other common problem discussed in past years. To perpetuate these mutual discussions, I formed in April the Joint Conference Committee. Composed of the officers of the Executive Committees of both Boards and the Executive Vice President, the committee's role was to effectively channel discussion regarding medical and administrative problems.

In order to enable all Trustees to participate in Executive Committee functions, the policy of inviting two members of the Board to attend its meetings on a rotating basis was continued this year. This policy has, we hope, helped to make the Trustees feel closer to the Hospital and its problems.

We have been fortunate this year in having H. Whitfield Carhart, Jr., Gerrish H. Milliken, Jr., and Dr. Willard C. Rappleye join our Board. Dr. Rappleye, as Dean of the College of Physicians & Surgeons, Columbia University, had been an ex-officio member of the Board from 1931 until his retirement in June. To now have Dr. Rappleye join us as a full Board member is indeed an honor and an asset.

I cannot close this review of the year's activities without giving my grateful thanks to George Roberts, Chairman of the Board; Jack I. Straus, Chairman of the Executive Committee, and to the members of the Executive Committee for their wise and generous counsel. And we of the Board are particularly grateful to Dr. Arthur J. Antenucci, President of the Medical Board, and Peter B. Terenzio, Executive Vice President. Their excellent advice and constant efforts have been instrumental in successfully resolving many of our problems. Nor could we fail to thank all of our employees, doctors, and nurses for their ready and loyal service throughout the year.



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President, The Board of Trustees

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REPORT OF

the Executive Vice President

Last year I started off my report by saying I believed that the essential quality enabling the institution of service to meet its full responsibility is the ability and willingness to change when the need to do so is recognized. My conviction in the truth of this statement has been strengthened in 1958. My belief that those responsible for The Roosevelt Hospital are aware of this quality has been reaffirmed.

Early in the year Elmo Roper and Associates conducted a survey for the United Hospital Fund on the public's attitudes towards hospitals in New York City. Interestingly enough, the Report pointed up a problem of which the voluntary hospitals generally have been well aware — that a better word than "voluntary" should be used to describe ourselves. The Report showed that practically nobody, except professionals in the field, knows how the non-profit, tax-exempt hospital differs from the tax-supported public hospital and from the private or proprietary hospital which may make a profit and is taxed.

More significantly, the findings of the survey, reported in October before a citywide meeting of 250 hospital trustees and administrators, brought to light some meaningful examples of public feelings about voluntary hospitals. Specifically, the Report showed that the public rates the 81 voluntary hospitals higher for scientific skills than for human kindness, there being "confidence bordering on over-confidence" in our scientific up-to-dateness, but widespread criticism and resentment for "neglect in a time of helplessness."

To meet the challenges posed in the Roper Report, the Hospital's Board of Trustees concluded that a re-evaluation of the Hospital and its services was needed. The method decided upon was a hospital study to be accomplished with the help of a firm of consultants. At the year-end negotiations were begun with the firm of Fred Rudge Associates.

This organization views its role of consultant as one helping its clients analyze and evaluate themselves, develop alternative solutions to their problems and make decisions themselves. Representatives from the Rudge firm with whom we spoke, said, "Just as we have never had a 'typical' client, this firm has no such thing as a standard procedure. The quality that gives infinite variety to the work we do is the infinite variety of human behavior — in the relationships between people themselves, between people in the organization, between people and the tools they work with."

With the help of Fred Rudge Associates, then, we hope to determine how





we can do a better job of serving the needs of our patients as individual human beings. We expect to begin the study early in 1959 and earnestly hope that as a result, Roosevelt will be a more effective, valuable and gratifying place for everyone associated with it.

Another decision of the Board raised the goal of the Progress Fund from \$8,000,000 to \$10,000,000 to complete the twelve-story Garard Winston Memorial Building in one stage. As originally proposed, the first seven floors were to be constructed with the top five floors being added when more space was required. The decision of the Board to construct the building in its entirety was based on considerations of sound patient care, community need and economy.

As planned now, the new building will provide a modernized clinical laboratory, an obstetrical floor, research laboratories, eight new operating rooms, a larger post-operative recovery room, two floors of new and modernized private and semiprivate patient rooms and many other facilities and services. With the inclusion of an obstetrical floor, we will be able to provide an Obstetrical Service for the first time in the history of the Hospital, thus rounding out the services provided for the community.

Present plans provide for the obstetrical suite to occupy the fourth floor of the new building and the corresponding third floor of the Private Pavilion. Accommodations will be provided for eight private and 13 semiprivate patients on the fourth floor. Ward facilities for 18 patients, housed on the renovated Private Pavilion floor, will be divided into one unit of two beds and four units of four beds. Fifty-one bassinets will also be housed on the fourth floor of the new building. They will include seven nursery units of five bassinets, two units of six each for premature babies and one unit of four for babies requiring observation. A newborn isolation nursery providing an additional five bassinets will be housed in the Pediatric section of the Ward Building.

EVENTS OF THE YEAR

In keeping with the Hospital's basic philosophy of providing facilities to meet the health needs of its community, several new services and programs were initiated in 1958, new equipment purchased and functional changes made within some departments to permit greater efficiency in operation.

A new section was added to the Department of Physical Medicine and Rehabilitation when a Recreational Therapy Program was adopted in September. Held in the evening and on Saturday, this program consists of movies, bingo games on the wards, entertainment by outside performers and other activities. It is available to all patients who are well enough to participate and is conducted by a trained recreational therapist with the assistance of volunteers.

In the Department of Laboratories, extensive revision was made in the procedures in chemistry, both in methods and in equipment. Considerable structural alterations were made, increasing the working space in the Chemistry Laboratory by approximately one hundred percent. In addition, the position of Chemistry Clerk was created making possible the daily recording of pro-

cedures for quick reference and comparison of repeat determinations.

The Hospital's ambulance district was rezoned in September when a neighboring hospital moved from 96th Street to 42nd Street. The initiation of a new preventive maintenance program effected another change in the Ambulance Department this year.

More effective interviewing is now possible in the Social Service Department with the completion of soundproofing and partitioning of caseworkers' offices. The necessity and the value of this improvement is evident, for in 1958 the number of annual interviews by the Department totaled 32,694 or 5,000 more than in 1957.

Physical improvements and the purchase of new equipment for the Laundry Department has resulted in increased production and reduced backlog. New equipment purchased included three new drying tumblers to replace one obsolete one and a new press unit containing three presses.

EDUCATION

Since Roosevelt is a teaching Hospital, its second major responsibility is education. Our two principal programs are the Intern and Resident Training Programs and the School of Nursing. A two-month tour was initiated in July by the Department of Anesthesia for members of the surgical House Staff. Residents received didactic teaching and clinical experience in the administration of inhalation, intravenous and spinal anesthetic agents.

With the addition of the new wing in 1955, the School of Nursing has had a steady rise in enrollment. The freshman class, which entered the School in September with 47 students, was the largest in ten years. We now have a total of 100 students enrolled in the School's three-year program.

The educational interests of the Hospital, however, are not confined to these two major programs. In answer to our own needs and those of other hospitals, our Nursing Service Department established a state-accredited psychiatric program in 1958. This course, designed to assist the graduate nurse to become licensed in New York State, was given four times this year with a total enrollment of 145 students. Forty-seven were members of The Roosevelt Hospital staff and 98 were from other health agencies in the City.

In 1957 the Nursing Service Department initiated an orientation program to acquaint the Hospital's professional personnel with the practices of the institution and to keep them abreast of new techniques in nursing and medicine generally. To accommodate this expanding program more effectively, an orientation unit was created on Semiprivate 6 in 1958. The program is conducted under the supervision of Catherine Hurley, Head Nurse of the orientation unit, and Mrs. Rita Traynor, Clinical Instructor of Nursing Service personnel. A valuable addition to the program this year was the periodic demonstration of all key equipment by the Central Sterile Supply Department.

The Stuart M. Crocker Educational Fund, established in 1956, continues to be of considerable value to the Hospital's personnel. With grants from the

This year 1,000 days of care were provided for the 1,000 patients admitted as compared to 1,000 days of care for 1,000 patients in 1957. A total of 500 surgical operations was performed in 1958 while in 1957 there were 450. In addition, there were laboratory tests, the ambulance answered 1,000 calls, patients were treated in the emergency room and patients made a total of 1,000 visits to the Hospital's clinics.



Fund, three members of the Nursing Service Department have attended Teachers College, Columbia University, in order to obtain their bachelor's degrees. In 1958, 56 grants were approved for doctors, nurses, technicians and therapists. A sum of \$26,912 was expended for these grants and to pay the salaries of three of the Hospital's Educational Coordinators. In addition, loans totaling \$10,939 were made to eleven members of the House Staff.



PERSONNEL CHANGES AND ACTIVITIES

Several personnel changes were effected in 1958. Philip J. Walsh, who came to Roosevelt from the Eastern New York Orthopedic Hospital in Schenectady, was appointed Assistant Vice President (Institutional). Listed chronologically, other changes include James Burch, Medical Illustrator; Maurice Misso, Stores Manager; Claire W. Wheat, Social Service Director; Ernest F. Jones, Laundry Manager, and S. Ruth Wiersom, Director of Building Service.

On January 1, 1958 the minimum wage of \$1 per hour was put into effect at The Roosevelt Hospital. Late in December the Board authorized entering negotiations for \$2,000 worth of life insurance for employees at no cost to them. We expect that the insurance plan will be in effect by Spring.

The ninth Annual Award Dinner was held on January 29 in the Hospital's main dining room to honor personnel with five or more years of service. With service ranging from five to twenty years, 68 employees were eligible for pins this year. The 160 guests attending the dinner represented altogether a total of more than 2,000 years of service to the Hospital. Joseph A. Lubeskie, of the Communications Department, and Edward Nowak, of the Engineering Department, were awarded 20-year service pins. Mabel E. Nellis, of the Communications Department, and Clifford Patterson, of the Dietary Department, received 15-year pins. Thirteen employees were awarded ten-year pins with another 53 receiving five-year pins.

Three long-term employees of The Roosevelt Hospital retired in 1958. They were Myrtle Harper, Assistant Supervisor in the Cafeteria, who came to Roosevelt in 1924; Josephine Townsley, Counter Girl in the Cafeteria, who started in 1930, and Annie McMahon, Nurses' Aide in the Outpatient Department, employed since 1942. These three loyal employees gave a total of nearly 90 years of service to the Hospital.

Formal classes for a select group of Aides and Orderlies were started in May for promotion to the newly-created position of Nurse Technician. Candidates for the position were chosen on the basis of merit from the more than 200 Aides and Orderlies now employed by the Hospital. The first group of 20 attended classes for five weeks to learn the nursing techniques for which they would be responsible. Upon the successful completion of the course, each member of the class became a Nurse Technician and a component part of the nursing care team. This program afforded us the opportunity of giving recognition, in a tangible way, to the exceptional employee in a large and

vital group. The classes were conducted by Theresa Donlan, Instructor of Auxiliary Personnel.

Two extra-curricular programs were initiated in 1958 for personnel with the introduction of classes in Art and Spanish. The art classes were conducted twice weekly under the voluntary supervision of James Treadaway, a member of the X-ray Department, who studied painting abroad and at the Art Students League in New York. In June, an art exhibit was held in the Nurses Lounge featuring the paintings and sketches of employees attending these classes as well as the work of others on the Staff who had been invited to participate. The conversational Spanish classes, one for beginners and another for an advanced group, met twice weekly during the year. This program was conducted by Mrs. Elena Schmid, a native of Mexico, who is employed in the Hospital's Blood Bank.

The annual drive to replenish the supply of blood in the Personnel Blood Bank was held in June this year. Established in 1955, the Personnel Blood Bank is for the personal use of all employees and members of their immediate families. All employees are eligible for this benefit whether or not they have donated a pint of blood during the annual drive.

Perhaps the most gratifying experience this year was the response of our personnel to the invitation to participate in the Progress Fund campaign. For the first time in the history of the Hospital, personnel were invited to participate in a drive for capital funds. A volunteer committee of employees, headed by Chairman Cora Alice Taylor, Coordinator of the Department of Physical Medicine and Rehabilitation, conducted the campaign during October. Contributions from personnel at the year-end totaled 750, a figure which represented nearly 80% of the total number of the Hospital Staff. The amount contributed was \$11,978. We are most grateful to Miss Taylor and her committee for the excellent job they did; we are extremely heartened by the response of our employees.

IN CONCLUSION

With this demonstration of faith in The Roosevelt Hospital by our employees, the spirit of leadership of our Board of Trustees and the cooperation and interest shown by our Medical Staff, we cannot help but meet the challenges of 1959. For The Roosevelt Hospital, 1959 promises to be an exciting year.

In closing, I should like to express for myself and for my Staff appreciation and thanks to Mrs. Donald F. Bush, President of the Hospital, and to Dr. Arthur J. Antenucci, President of the Medical Board. It has been a privilege and a pleasure to have had the opportunity of working with them.



Peter B Terenzio
PETER B. TERENZIO
Executive Vice President

Administrative Staff

PETER B. TERENZIO

HARRY O. HUMBERT (Financial)
JOHN NICKLAS (Medical)
PHILIP J. WALSH (Institutional)

CHARLES E. CALLAN

SAM DAVIS

ERNEST F. GAMACHE
VIRGINIA E. OLSON
EILEEN O. SCOTT

ACCOUNTING

Louis Giannarino, *Asst. Controller*

ADMISSIONS

Viola B. Moore, *Director*

ALLERGY

Robert A. Cooke, M.D., *Director*
Marcelle Johnson, *Executive Secretary*

AMBULANCE SERVICE

Leo P. Culhane, *Chief Ambulance Driver*

ANESTHESIA

Margaret Sullivan, *Chief Anesthetist*

BUILDING SERVICE

S. Ruth Wiersom, *Director*

CARDIOPULMONARY LABORATORY

Charles A. Bertrand, M.D., *Director*

CENTRAL SUPPLY

Muriel Walton, *Director*

COMMUNICATIONS

Howard Newman, *Acting Director*
Ann M. Troiano, *Chief Telephone Operator*

DIETARY

Patricia McCauley, *Chief Dietitian*
John Hauryluke, *Food Service Manager*

EDITORIAL SERVICES

Rose M. Schweitzer, *Editor*

ELECTROENCEPHALOGRAPHY

Bernard L. Pacella, M.D., *Director*

ENGINEERING

F. J. Koster, *Chief Engineer*

LABORATORIES

Bernard Kalfayan, M.D., *Director*
Bradley Bigelow, M.D., *Associate Director*

Marion L. Bevis, Ph.D., *Assistant Director*

LAUNDRY

Ernest F. Jones, *Manager*

MEDICAL ILLUSTRATION

James F. Burch, Jr., *Medical Artist*

MEDICAL LIBRARY

Madeleine Riker, *Librarian*

MEDICAL RECORDS

Hazel Del Cour, *Chief Librarian*

METHODS IMPROVEMENT

Edwin Friend, *Coordinator*

NURSING SERVICE

Susan Casey, *Associate Director*
Claire F. Fegan, *Associate Director*

OUTPATIENT DEPARTMENT

Sam Davis, *Director*

PERSONNEL

Thomas Patterson, *Assistant Director*

PERSONNEL HEALTH

Harry C. Christie, M.D.

PHARMACY

William Notar-Angelo, *Chief Pharmacist*

PHYSICAL MEDICINE & REHABILITATION

John Untereker, M.D., *Director*
Cora Alice Taylor, *Coordinator*

PHYSIOLOGICAL MEDICINE

Myron C. Patterson, M.D., *Director*

PROTECTION

John J. Murrin, *Security Officer*

PUBLIC INTEREST

Marie Amadeo, *Director*

PURCHASE

Wallace O. Bunker, *Director*

RADIOLOGY

Albert A. Dunn, Jr., M.D., *Director*
Lazarus Hochberg, *Assistant to the Director*

Anne A. Ferris, *Executive Secretary, Janeway Clinic*

SOCIAL SERVICE

Claire W. Wheat, *Director*
Elsie Holleran, *Assistant Director*

STORES

Maurice J. Misso, *Manager*

VOLUNTEER SERVICE

Ruth E. Cushman, *Director*

The Roosevelt Hospital School of Nursing

Director:

Eileen O. Scott

Associate Director:

Elizabeth Roche

Faculty

Mary E. Allenach

Kathleen Brosnan

Bess L. Cameron

Mary I. Crawford

Frances Croyle

Sam Davis

Delia De Santis

Grace Dowling

Miriam Grossman

Hanna Jacobson

Mary Lewis

Angelina Lo Buglio

Mildred Mason

Marie McCullagh

Lois Muzio

Howard Newman

Everett Ostrovsky, Ph.D.

Mary Phillips

Ruth Pilcher

Dorothy Robinson

Virginia Sandri

Joy Teschner

Elizabeth Van Auken

Dorothee Wagner

Joan Wells

Elizabeth Wright

Alumnae Association of the Roosevelt Hospital School of Nursing

President: VIOLA B. MOORE

Vice President: MARY E. BELL

Recording Secretary: MARIANNE S. HARTMAN

Treasurer: HELEN RUDE

Corresponding Secretary: JOSEPHINE HORTON

The Roosevelt Hospital Alumni Association

President: CHARLES F. STEWART, M.D.

Vice President: KENNETH T. DONALDSON, M.D.

Secretary: T. SCUDDER WINSLOW, M.D.

Treasurer: NORMAN W. MacLEOD, M.D.



REPORT OF *the President* *of the Medical Board*

The year 1958 has been one of great activity and accomplishment for The Roosevelt Hospital.

One of the most important decisions made was that of an informed and understanding Board of Trustees acting on the advice of a united medical staff to add Obstetrics to the services of The Roosevelt Hospital. This momentous decision succeeded in dispelling the sense of gloom and utter frustration that had beset us all when but a short time before there seemed little hope that such a happy conclusion would be reached. The addition of Obstetrics will stimulate and provide new opportunities for the entire professional staff of the Hospital, but especially for the Pediatric and Gynecologic Services, the former acquiring a newborn service so essential to its resident training program and the latter the additional experiences needed to round out its program. To those doctors who fought so hard and long for Obstetrics at Roosevelt and especially to the members of the Board of Trustees who listened when they spoke, the entire Hospital and the community owe a debt of everlasting gratitude.

MEDICAL BOARD ACTIVITIES

The Medical Board through its committees was as usual very active during 1958. These committees considered many problems referred to them for study by the Medical Board. Particularly noteworthy was the decision to amend the By-Laws of the Medical Board to provide for the addition of the directors of the Department of Radiology and the Department of Laboratories to the Executive Committee as permanent members. Thus Dr. Albert A. Dunn, Jr., Attending Radiologist and Director of the Department of Radiology, and Dr. Bernard Kalfayan, Attending Pathologist and Director of the Department of Laboratories, became the first men in their specialties to be so honored here.

During 1958 two other committees were established. One, the Cross-Infection Committee, was formed to study the increasingly serious problem of resistant staphylococcus cross-infection as it applies to our Hospital. Under the co-chairmanship of Dr. R. Sterling Mueller and Dr. Edmund N. Joyner, III, measures have already been proposed to keep the problem from becoming a serious one. A committee under the co-chairmanship of Dr. Charles F. Stewart and Dr. Valentine A. Hofmann and committee members, John





Nicklas and Virginia E. Olson, toured the Hospital at approximately weekly intervals for an on-the-spot critical view of, and an interchange of ideas on, the results of our ever increasing efforts to keep the Hospital well serviced.

Over the years the opportunity for better rapport between the Board of Trustees and the Medical Board has increased. With the establishment during 1958 of a Joint Conference Committee the liaison has been strengthened. This committee, made up of the elected officers of both Boards and the Executive Vice President of the Hospital, held many meetings and provided the opportunity for an interchange of ideas on problems about which each sought advice.

PROFESSIONAL STAFF CHANGES

During the year there have been several resignations. Dr. Arthur L. Coleman, Jr., accepted a position of greater responsibility at the Misericordia Hospital. Dr. Leo M. Taran accepted the challenging position of Coordinator and Director of the Cardiopulmonary Service at the New York Medical College and Flower and Fifth Avenue Hospital. Dr. William A. Gardner resigned to devote himself entirely to his practice, resuming his appointment on the Courtesy Staff.

Effective January 1, 1958, Dr. R. Sterling Mueller and Dr. David M. Weeks became Attending Surgeons. Dr. John R. Edsall, a former member of the resident staff, was appointed Junior Assistant Attending in Medicine. Dr. Robert D. Wickham was appointed Junior Assistant Attending in Urology and Dr. Bradley Bigelow was appointed Assistant Attending in Pathology. Dr. Thomas C. Guthrie and Dr. Joseph L. O'Brien, the latter having served his internship at Roosevelt in Medicine, joined the staff as Junior Assistant Attendings in Neurology. Dr. Samuel Natelson was appointed Chief Bio-chemist in July to succeed Dr. Lester Gershenfeld who resigned in April 1958.

The President of the Board records with great regret the death during 1958 of three distinguished members of the professional staff, Dr. Condict W. Cutler, Jr., Dr. Robert Chobot and Dr. William D. Scanlan, Jr., each of whom has been appropriately memorialized in the minutes of the Board.

MEDICAL STAFF RESPONSIBILITIES

As always, the Hospital has been concerned chiefly with maintaining its traditionally high standard of patient care. This goal could never have been achieved without the whole-hearted and loyal support of the entire staff, a staff that has always been conscious of its responsibilities as well as its privileges. These include responsibilities to the patients and to the resident staff as well as to the medical students of the College of Physicians and Surgeons of Columbia University with which the Hospital continues to enjoy a richly rewarding affiliation. To the patients the attending staff gave skillful care and to the residents enlightened guidance and instruction. The attending

doctors must strive constantly to improve themselves by reading, by attending medical meetings—local, regional and national, and by devoting the time necessary to master the many facets of their particular field of interest. Despite the heavy burdens of these responsibilities to patient, resident, medical student and self, they have found time, as they always must, not only to attend meetings but to contribute to them in the presentation of their own scientific papers or in the discussion of those of others. They have found time also to conduct investigations often leading to the publication of the results of these in leading scientific journals.

THE EDUCATIONAL PROGRAM

The educational program of the Hospital has continued to develop under the guidance of the Chiefs of Staff with the help of the Educational Coordinators in Medicine, Pediatrics and Surgery. Its greatest strength has, however, continued to be derived from the tireless efforts of the attending staff in the operating rooms, at the bedside and in the various divisions of the Outpatient Department. More and more attention is being devoted to the discussion of broad clinical subjects as they apply to the patient at the bedside. Here the diagnosis and treatment are discussed as well as the many other facets of the illness presented. Particularly gratifying has been the interest shown by the residents in conducting studies of their own under guidance; these in Medicine and Surgery now being a requirement for graduation. Already these have led to presentations before departmental and general staff conferences, before sections of the Academy of Medicine and in some instances to publication in important medical journals.

The problems of running a ward service effectively have always been many, particularly in Medicine, and it has been impossible to please everyone. Each group of interns and residents has its own ideas and each attending has his. It has been the responsibility of the Chiefs to provide educational opportunities not only to the resident staff but also for the continuing development of the attending staff at all levels. The young attending needs experience: he cannot render good service without it; he cannot become certified without it; he cannot become a member of the American College of Physicians without it. Here, as in all the specialties, the continuing education of the attending staff is vital to the welfare of the Hospital as well as to the doctor himself.

The Chiefs, in order to provide such opportunities in Medicine, have continued to run the service through a system of rotation among the attending staff members in all categories. An advantage not generally realized is that this procedure results in the exposure of the resident staff to the different points of view and capabilities of all of the members of the staff, many of whom also bring to their discussions the points of view held at other hospitals at which they serve or have served. The Chiefs have continued to supervise the Ward Service through their Grand Rounds and Chief of Service Rounds,





as well as by discussions with the coordinators, attendings and residents.

The effectiveness of this method has been attested to by the number of former residents who have stayed on with us after graduation and their success in establishing themselves professionally, as well as the improving quality of our resident staff. In 1958, 106 applicants were interviewed for internship in Medicine, a number to the best of my knowledge not heretofore equalled. Of these, twenty were from Harvard, nine from the College of Physicians and Surgeons, five from Cornell, five from New York University and the remainder from fifteen other schools. Eight men were matched from this group and appointed, as follows: two from Harvard, one from P & S, one from Cornell, one from the Medical College of Virginia, one from the Medical College of Georgia and two from the State University of New York.



The program in Surgery has continued to provide excellent opportunities for training. In 1958, 102 applicants were interviewed for internship in Surgery, drawn, as usual, from the finest medical schools throughout the country. Seven men were matched from this group and appointed, as follows: three from Harvard, two from Yale, one from P & S, and one from Johns Hopkins.

The quality of Roosevelt's educational program is reflected in the annual results of the National Intern Matching Program. Since 1952, Roosevelt has been one of *only* 34 hospitals of the 821 participating in the National Intern Matching Program to fill internship quotas each year.

During 1958 the Cardiopulmonary Laboratory under Dr. Charles A. Bertrand, Visiting Consultant in Medicine, became a fully-organized, smoothly-functioning unit of the Hospital's diagnostic services. It has already proved to be of great value in solving problems beyond the scope of other methods and is providing additional educational experience for both the resident and the attending staff.

PROBLEMS OF THE FUTURE

In a report such as this, one can mention only a few of the many significant events of the year. To appreciate the magnitude of the work of the professional staff and what has been accomplished would require that one scan the minutes of the Medical Board and its Executive Committee for the year, as well as the reports of all committees of the Medical Board and the annual reports of the Chiefs of Service. Again many questions were raised that had been brought up before, but in 1958 they were raised in a voice strong with hope rather than one weak with frustration and despair—a hope engendered by our improved financial condition, by an enlightened and well-informed Board of Trustees in better rapport with the Medical Board than ever before, and by a professional staff eager and able to come to grips with the challenging problems of the future.

These questions are concerned with how best to meet the rapidly changing medical picture. How big a hospital do we want to have in terms of bed

capacity? To what extent can private and semiprivate patients be used for teaching purposes? What additional services should be contemplated? Can we operate effectively in Neurology, Neurological Surgery and Orthopedic Surgery without giving these branches of medicine and surgery service status? Do we want to add an eye service? How are we to meet the increasing needs of our Otolaryngology Service? How deeply should we become involved in research? Do we want, or should we consider, full-time chiefs in Medicine and Surgery? These are a few of the questions that have been asked; they must be answered. A master plan for the Hospital giving consideration to all of these questions is essential in order that we may gauge our future needs. With the new building housing Obstetrics, a modern laboratory and research facilities, we will be in a much stronger position to cope with the problems raised than at any time in many years.

It has always been evident to me that one of our great needs at The Roosevelt Hospital is to keep those men who are not members of the Medical Board informed of its actions. If this could be accomplished there would be less confusion, the spread of less misinformation and perhaps greater respect for the Board and better understanding of the reasons behind its decisions. It would become evident that the Medical Board is not composed of a group of complacent individuals; that it is not a rubber stamp; that its members do speak up and argue and discuss; that the Board has been just as eager to advance the status of the Hospital as its sternest critics. The additions soon to be made to the Hospital should be ample proof of the last mentioned.

In fulfilling its many tasks, the Medical Board has had the unremitting cooperation and active help of the Administrative Staff. Peter B. Terenzio, Executive Vice President, has been very cooperative and has as always kept us informed by means of his report at the Executive Committee meetings and the meetings of the Medical Board. John Nicklas, Assistant Vice President (Medical), has been of great help in referring matters to me that might require Medical Board reference or action. The Medical Board could not possibly express adequately its appreciation for the help of the Board of Trustees who have devoted an enormous amount of time and energy to understanding the affairs of the Hospital and the needs of the community.

The President of the Medical Board is particularly grateful to Mrs. Donald F. Bush, President; to George Roberts, Chairman of the Board, and Jack I. Straus, Chairman of the Executive Committee, of the Board of Trustees, for their indefatigability in behalf of the Hospital, for their patience and for their wise counsel. They are aware of the problems we have had in the past and the reasons for them. They are equally well aware of our present problems and future challenges and they have shown a willingness to help us meet them.



Arthur J. Antenucci

ARTHUR J. ANTENUCCI, M.D.
President, The Medical Board

officers

ARTHUR J. ANTENUCCI, M.D.
President

HOWARD A. PATTERSON, M.D.
Vice President

GURNEY TAYLOR, M.D.
Secretary

members

Frederick H. Amendola, M.D.
Arthur J. Antenucci, M.D.
David J. Barry, M.D.
Simon A. Beisler, M.D.
Norton S. Brown, M.D.
William H. Button, Jr., M.D.
William H. Cassebaum, M.D.
Henry W. Cave, M.D.
J. Maxwell Chamberlain, M.D.
Harry C. Christie, M.D.

Robert A. Cooke, M.D.
Condict W. Cutler, Jr., M.D. (1)
Hugh P. Davis, M.D.
Kenneth T. Donaldson, M.D.
Howard S. Dunbar, M.D.
Albert A. Dunn, Jr., M.D.
Clarence A. Dunn, D.D.S.
William W. Field, M.D.
Charles C. Foote, M.D.
Julian M. Freiston, M.D.
Justin L. Greene, M.D.
R. Clark Grove, M.D.
Leo B. Halloran, M.D.
Valentine A. Hofmann, M.D.
Edmund N. Joyner, III, M.D.
Bernard Kalfayan, M.D.
Henry A. Kingsbury, M.D.
Robert W. Laidlaw, M.D.
Adrian Lambert, M.D.
John F. Landon, M.D.
Charles W. Lester, M.D.
Barbara J. Logan, M.D.
Norman W. MacLeod, M.D.

Alexander T. Martin, M.D.
Royal M. Montgomery, M.D.
R. Sterling Mueller, M.D.
Bernard L. Pacella, M.D.
Howard A. Patterson, M.D.
Myron C. Patterson, M.D.
Thomas C. Peightal, M.D.
Frank H. Peters, M.D.
Albert C. Santy, M.D.
Henry G. Schaffeld, M.D.
Howard F. Shattuck, M.D.
William B. Sherman, M.D.
Frank R. Smith, M.D.
Perrin B. Snyder, M.D.
Umberto Stefano, M.D.
Charles F. Stewart, M.D.
Gurney Taylor, M.D.
Peter B. Terenzio
James E. Thompson, M.D.
John J. Untereker, M.D.
J. Kendall Wallis, M.D.
David M. Weeks, M.D.
William C. White, M.D.

Agnes G. Wilson, M.D.
T. Scudder Winslow, M.D.

executive committee

ARTHUR J. ANTENUCCI, M.D.
Chairman

Frederick H. Amendola, M.D.
Simon A. Beisler, M.D.
William H. Button, Jr., M.D.
William H. Cassebaum, M.D.
Albert A. Dunn, Jr., M.D.
Julian M. Freiston, M.D.
R. Clark Grove, M.D.
Edmund N. Joyner, III, M.D.
Bernard Kalfayan, M.D.
Robert W. Laidlaw, M.D.
R. Sterling Mueller, M.D.
Howard A. Patterson, M.D.
Frank R. Smith, M.D.
Gurney Taylor, M.D.
Peter B. Terenzio
James E. Thompson, M.D.

(1) Deceased

CONSULTING AND VISITING CONSULTING MEDICAL STAFF

Surgery and Surgical Specialties

Surgical Service
Frank B. Berry, M.D., *Thoracic*
Lewis S. Booth, M.D., *Anesthesia*
Malcolm W. Carr, D.D.S., *Dental*
Daniel Catlin, M.D., *Head & Neck*
Henry W. Cave, M.D.
Condict W. Cutler, Jr., M.D. (1)
Edgar L. Frazell, M.D., *Head & Neck*
M. Beckett Howorth, M.D., *Orthopedics*
Charles W. Lester, M.D., *Thoracic*
Herbert Parsons, M.D., *Neurosurgery*
Dsborn P. Perkins, M.D., *Ophthal.*

Douglas Quick, M.B., *Therapeutic Rad.*
Bronson Ray, M.D., *Neurosurgery*
Algernon B. Reese, M.D., *Ophthal.*
Alan deF. Smith, M.D., *Orthopedics*
Alfred Stillman, M.D.
A. Purdy Stout, M.D., *Pathology*
William C. White, M.D.
Gynecological Service
Thomas C. Peightal, M.D.
Howard C. Taylor, Jr., M.D.
Otolaryngological Service
Richard J. Bellucci, M.D.
George R. Brighton, M.D.
D. H. Jones, M.D., *Bronchoscopy*
Victor C. McQuaig, M.D.

Medicine and Medical Specialties

Medical Service
George C. Andrews, M.D., *Dermatology*
Charles A. Bertrand, M.D.
Walter W. Brandes, M.D., *Pathology*
Samuel C. Burchell, M.D., *Neurology*
Robert A. Cooke, M.D., *Allergy*
Claude E. Forkner, M.D., *Hematology*
Robert L. Levy, M.D., *Cardiology*
Gerald F. Machacek, M.D., *Derm.*
Allen S. Russek, M.D., *Physical Med.*
Ezra B. Sanford, M.D.
Howard F. Shattuck, M.D.

Cornelius Traeger, M.D., *Arthritis*
Albert Vander Veer, *Allergy*
Carmine T. Vicale, M.D., *Neurology*
Sidney C. Werner, M.D., *Endocrinology*
Davenport West, M.D.

Pediatric Service
Edith M. Lincoln, M.D.
Alexander T. Martin, M.D.
Philip M. Stimson, M.D.

Psychiatric Service
Christina M. Leonard, M.D.
Child Psych.

VISITING MEDICAL STAFF

Surgery and Surgical Specialties

Surgical Service
Chiefs of Surgery
Frederick H. Amendola, M.D.
Howard A. Patterson, M.D.
James E. Thompson, M.D.

Attending Surgeons
William H. Cassebaum, M.D.
J. Maxwell Chamberlain, M.D.,
Thoracic
Clarence A. Dunn, D.D.S., *Dental*
R. Sterling Mueller, M.D.
David M. Weeks, M.D.

Associate Attending Surgeons
Howard S. Dunbar, M.D.
Neurosurgery
Paul Duxbury, D.D.S., *Dental*

Charles C. Harrold, Jr., M.D.
Head & Neck
Henry A. Kingsbury, M.D.
Adrian Lambert, M.D.
J. William Littler, M.D.
Plastic and Reconstructive
Charles F. Stewart, M.D.
T. Scudder Winslow, M.D.
Assistant Attending Surgeons
Lowyd W. R. Ballantyne, Jr., M.D.
Plastic and Reconstructive
Rolla Campbell, M.D., *Orthopedics*
Thomas J. Dring, M.D., *Orthopedics*
Joseph M. Ford, M.D.
Lee Gillette, M.D.
Andrew M. Linz, D.D.S., *Dental*
J. Beall Rodgers, M.D.
Walter A. Wichern, Jr., M.D.

Jr. Assistant Attending Surgeons
George K. Brazill, Jr., D.D.S., *Dental*
John T. Brennan, Jr., M.D.
Charles Hillyer, D.D.S., *Dental*

Gastroscopists
Gordon A. McNeer, M.D.
John C. Pierson, M.D.

Gynecological Service
Chief
Frank R. Smith, M.D.

Associate Attending Gynecologists
Justin T. Callahan, M.D.
Barbara J. Logan, M.D.

Assistant Attending Gynecologists
David B. Crawford, Jr., M.D.
Ralph W. Gause, M.D.

Jr. Assistant Attending Gynecologist
Anwar J. Hanania, M.D.

Urological Service

Chief
Simon A. Beisler, M.D.
Attending Urologist
Perrin B. Snyder, M.D.

Assistant Attending Urologist
William J. Nelson, M.D.
Jr. Assistant Attending Urologist
Robert D. Wickham, M.D.

Otolaryngological Service
Chief
R. Clark Grove, M.D.

Attending Otolaryngologist
Hugh P. Davis, M.D.

Assoc. Attending Otolaryngologists
Charles C. Francis, M.D.
Fred J. Hunter, Jr., M.D.
John S. Lewis, M.D.
Hilton H. Stothers, M.D.

Asst. Attending Otolaryngologists
Henry A. Rusch, Jr., M.D.
Roy T. Shultz, M.D.

Jr. Asst. Attending Otolaryngologist
Felix DePinies, M.D.

Medicine and Medical Specialties

Medical Service

Chiefs of Medicine

Arthur J. Antenucci, M.D., 2nd Division
Julian M. Freston, M.D., 1st Division

Attending Physicians

Norton S. Brown, M.D.

William H. Button, Jr., M.D.

Royal M. Montgomery, M.D.

Dermatology

Frank H. Peters, M.D.

William B. Sherman, M.D.

Gurney Taylor, M.D.

Associate Attending Physicians

James H. Barnard, M.D., *Allergy*

David J. Barry, M.D.

Robert Chobot, M.D. (1), *Allergy*

Harry C. Christie, M.D.

Kenneth T. Donaldson, M.D.

William W. Field, M.D.

Charles C. Foote, M.D.

Leo B. Halloran, M.D.

Samuel Hecht, M.D., *Dermatology*

Valentine A. Hoffmann, M.D.

Thomas P. Jacobs, M.D.

Norman W. MacLeod, M.D.

Myron C. Patterson, M.D.

Albert C. Santy, M.D.

William D. Scanlan, Jr., M.D. (1)

Henry G. Schaffeld, M.D.

Asst. Attending Physicians

Lilian Boker, M.D., *Allergy*

Earl B. Brown, M.D., *Allergy*

Sidney M. Cohen, M.D., *Neurology*

James Ducey, M.D.

Selian Hebdal, M.D., *Allergy*

Wilbur B. Hurlbut, M.D., *Dermatology*

Daniel Hyman, M.D., *Dermatology*

Walter R. Kessler, M.D., *Allergy*

Arthur T. Mesereau, Jr., M.D.

Robert B. Tator, M.D.

William B. Waterman, M.D.

Jr. Asst. Attending Physicians

Gabriel A. Covo, M.D.

John R. Edsall, M.B.

Thomas G. Guthrie, M.D., *Neurology*

Frank E. Iaquinta, M.D.

Israeli A. Jaffe, M.D.

Joseph L. O'Brien, M.D., *Neurology*

Thomas C. Scanlan, M.D.

Sadie Zaidens, M.D. (2), *Dermatology*

Herman Ziffer, M.D.

Pediatric Service

Chief

Edmund N. Joyner, III, M.D.

Attending Pediatricians

Hedwig Koenig, M.D.

John F. Landon, M.D.

Agnes G. Wilson, M.D.

Associate Attending Pediatricians

Umberto Stefano, M.D.

Leo M. Taran, M.D. (2)

Asst. Attending Pediatricians

Claudia E. Cambria, M.D.

Lucie L. Rudd, M.D.

Evelyn D. Schmidt, M.D.

Psychiatric Service

Chief

Robert W. Laidlaw, M.D.

Chief, Child Psychiatry

Justin L. Greene, M.D.

Attending Psychiatrists

Bernard L. Pacella, M.D.

J. Kendall Wallis, M.D.

Associate Attending Psychiatrists

Jan Ehrenwald, M.D.

E. Alden Ellison, M.D.

Edward W. Kloth, M.D.

Francisco F. Merino, M.D.

Robert S. Mumford, M.D.

Harry R. Potter, M.D.

Eda Priest, M.D.

Asst. Attending Psychiatrists

Robert C. Ascher, M.D.

Alexander Caemmerer, M.D. (2)

Ralph W. Clémments, M.D.

Alvin H. Goff, M.D.

Herman P. Gladstone, M.D.

Charles C. Hewitt, M.D.

Edith M. Jurka, M.D. (2)

Stephen W. Kempster, M.D.

Max Levin, M.D. (2)

Robert L. Meineker, M.D.

Burton B. Steel, M.D.

James W. Watson, M.D.

Virginia N. Wilking, M.D.

Child Psych.

Department of Physical Medicine

Assoc. Attending Physiatrist

John J. Untereker, M.D.

Department of Laboratories

Attending Pathologist

Bernard Kaifayan, M.D.

Asst. Attending Pathologist

Bradley Bigelow, M.D.

Department of Radiology

Attending Radiologist

Albert A. Dunn, Jr., M.D.

Asst. Attending Radiologists

Doris Bate, M.D.

Arthur L. Coleman, Jr., M.D. (2)

Sabino J. Rizzo, M.D.

VISITING MEDICAL STAFF OF THE OUTPATIENT DEPARTMENT

Surgery and Surgical Specialties

Surgical Service

SURGICAL CLINIC

Chief

T. Scudder Winslow, M.D.

Assistant Chief

Joseph M. Ford, M.D.

Attendings

Rolla Campbell, M.D.

William H. Cassebaum, M.D.

Thomas J. Dring, M.D.

Howard S. Dunbar, M.D.

Lee Gillette, M.D.

Henry A. Kingsbury, M.D.

Adrian Lambert, M.D.

J. William Littler, M.D.

J. Beall Rodgers, M.D.

Walter A. Wichern, Jr., M.D.

Assistant Attendings

Lowyd W. R. Ballantyne, Jr., M.D.

John T. Brennan, Jr., M.D.

John B. Casale, Jr., M.D.

Richard B. Hamilton, M.D.

Kenneth M. Lewis, Jr., M.D.

James A. Macdonald, M.D.

Eugene L. Watkins, M.D.

Attending

Clinical Assistant
Felix DePinies, M.D.

BRONCHOSCOPIC CLINIC
Chief
George R. Brighton, M.D.

Attendings
Fred J. Hunter, Jr., M.D.
Hilton H. Stothers, M.D.

Assistant Attending
Roy T. Shults, M.D.

RHINOPLASTIC CLINIC
Chief
Fred J. Hunter, Jr., M.D.

Attending
Roy T. Shults, M.D.

Medicine and Medical Specialties

Medical Service

MEDICINE CLINIC

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Leo B. Halleran, M.D.
Henry G. Schaffeld, M.D.

Attendings

James Ducey, M.D.
William W. Field, M.D.
William A. Gardner, M.D. (2)
Valentine A. Hofmann, M.D.
Walter Liebling, M.D.
Norman W. MacLeod, M.D.
Leon Merkin, M.D.
Arthur T. Mesereau, Jr., M.D.
Myron C. Patterson, M.D.
Thomas C. Scanlan, M.D.
William D. Scanlan, Jr., M.D. (1)
M. William Spickler, M.D.
Robert B. Tator, M.D.
Robert Wallis, M.D.
William B. Waterman, M.D.

Assistant Attendings

Horace B. Chapin, M.D.
Gabriel A. Covo, M.D.
John R. Edsall, M.B.
Frank E. Iaquinta, M.D.
Israeli A. Jaffe, M.D.
Robert V. McCormick, M.D. (2)
Frank A. Seixas, M.D.
Charles F. Spalding, M.D.
Thomas T. Tamlyn, M.D.
Herman Ziffer, M.D.

Clinical Assistant
H. Harold Gelfand, M.D.

ARTHRITIS CLINIC
Chief
Cornelius Traeger, M.D.

COURTESY STAFF

Surgery and Surgical Specialties

Surgery

First Division
Philip D. Allen, M.D.
Wilson E. Alsop, M.D.
John B. Casale, Jr., M.D.
Bradley Cooley, M.D.
Seward Erdman, M.D.
Jose M. Ferrer, Jr., M.D.
Robert S. Frankel, M.D.

Attendings
Valentine A. Hofmann, M.D.
Israeli A. Jaffe, M.D.
William B. Waterman, M.D.

CARDIAC (ADULT)
Chief
William H. Button, Jr., M.D.

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Attendings
William W. Field, M.D.
Charles C. Foote, M.D.
Harry R. Potter, M.D., *Psych.*
David D. Stowell, M.D.

Assistant Attendings
Ronald Giovannelli, M.D.
Frank E. Iaquinta, M.D.
Eric D. Savage, M.D.

CHEST CLINIC
Chief
Henry G. Schaffeld, M.D.

Assistant Attending
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DERMATOLOGY CLINIC
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Attending Pathologist
Gerald F. Machacek, M.D.

Attendings
Samuel Hecht, M.D.
Wilbur B. Huribut, M.D.
Daniel Hyman, M.D.

Assistant Attending
Frank Garai, M.D.

Clinical Assistant
Sadie Zaidens, M.D. (2)

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HEMATOLOGY CLINIC
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NEUROLOGY CLINIC
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Earl B. Brown, M.D.
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Selian Hebold, M.D.
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Lilian A. Boker, M.D.
Louis Sternberg, M.D.

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Pediatric Service

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Attending
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Assistant Attendings
Claudia E. Cambria, M.D.
Lucie Rudd, M.D.

CARDIAC CLINIC
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Associate Attending
Alvin F. Coburn, M.D.

Assistant Attending
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Beverly C. Smith, M.D.
Gilbert H. Taylor, M.D., *Orthop.*

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James R. Donaldson, M.D.

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Frederick W. Finn, M.D.

John T. Goodner, M.D.

Halford Hallock, M.D., *Orthop.*

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Asst. Attending
Evelyn D. Schmidt, M.D.

Psychiatric Service
PSYCHIATRY (ADULT) CLINIC
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Attendings
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Edward W. Kloth, M.D.
Francisco F. Merino, M.D.
Robert S. Mumford, M.D.
Harry R. Potter, M.D.
Eda Priest, M.D.

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Stephen W. Kempster, M.D.
Max Levin, M.D. (2)
Robert L. Meineker, M.D.
Burton B. Steel, M.D.
James W. Watson, M.D.

PSYCHIATRY (CHILD) CLINIC
Chief
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Assistant Attendings
Alvin H. Goff, M.D.
Virginia N. Wilking, M.D.

PSYCHIATRY (ADOLESCENT) CLINIC
Chief
Burton B. Steel, M.D.

Attending
J. Kendall Wallis, M.D.

Adjunct Psychiatric Service—Hospital Staff

Chief Clinical Psychologist
Helen Thompson, Ph.D.

Associate Clinical Psychologist
James W. Bagby, Ph.D.

Research Assistant
Roberta R. Edel (3)

Clinical Assistant in Psychology
Alan Spires

Clinical Psychotherapist
H. Westman

Clinical Child Psychologist
Jean B. Zeaman, Ph.D.

Vansel Johnson, M.D.
John A. Kelly, M.D.
Harold B. Keyes, M.D.
Kenneth M. Lewis, Jr., M.D.
Kenneth M. Lewis, Sr., M.D.
Harrison L. McLaughlin, M.D., *Orthop.*
Roland L. Maier, M.D.
Dryden P. Morse, M.D.
Philip C. Potter, M.D.
F. R. Thompson, M.D.
Robert W. Tilney, Jr., M.D.
Philip D. Wiedel, M.D.
Robert Wyllie, M.D.

Dental Surgery
George K. Brazill, Sr., D.D.S.

Gynecology
Albert H. Aldridge, M.D.
Henry T. Burns, M.D.
Hubert S. Bush, M.D.
John T. Cole, M.D.
J. Randolph Gepfert, M.D.
Arthur V. Greeley, M.D.
J. P. Hennessy, M.D.
Donald G. Johnson, M.D.
Kenneth S. MacLean, M.D.
Charles M. McLane, M.D. (2)
Robert S. Millen, M.D.
Equinn W. Munnell, M.D.

Urology
Charles K. Hamilton, M.D.
John C. Stockman, M.D.

Medicine and Medical Specialties

Medicine

First Division

Gregory I. Altschuller, M.D.
Albert F. R. Andresen, M.D.
Horace S. Baldwin, M.D.
Howard G. Bruenn, M.D.

George A. Carden, Jr., M.D.
Arthur C. DeGraff, M.D.
Laurence H. Dowd, M.D.
Cary Eggleston, M.D.
Frank M. Falconer, M.D.
William A. Gardner, M.D.
Clara M. Gross, M.D.
Henry F. Harris, M.D.
Sidney N. Heller, M.D.
George C. Hennig, M.D.
Lester J. Honig, M.D.
Oswald K. Jones, M.D.
George R. Lovell, M.D.
Marsh McCall, M.D.
Neva Eileen McGrath, M.D.
Leon Merkin, M.D.
Arthur E. Neergaard, M.D.
William S. Norton, M.D.
Frank G. Pettengill, M.D.
Loton Rasmussen, M.D.
John E. Sawhill, M.D.
Leander H. Shearer, M.D.
Martin deF. Smith, M.D.
M. William Spickler, M.D.
David D. Stowell, M.D.
Ralph E. Swope, M.D.
Thomas T. Tamlyn, M.D.
T. Lloyd Tyson, M.D.
Wendell Ward, M.D.
Byard Williams, M.D.

Second Division

Walter P. Anderton, M.D.

Henry Aranow, Jr., M.D.
Z. T. Bercovitz, M.D.
Dever S. Byard, M.D.
G. Jarvis Coffin, M.D.
Beekman J. Delatour, M.D.
Marshall F. Driggs, M.D.
A. Wilbur Duryee, M.D.
D. F. Elmendorf, M.D.
Shirley C. Fisk, M.D.
Helen Gavin, M.D.
H. Harold Gelfand, M.D.
Bernard Handler, M.D.
Hilary H. Holmes, M.D.
Robert L. Hutton, M.D.
Marco W. Johannsen, M.D.
William H. Lewis, Jr., M.D.
Walter Liebling, M.D.
Asa Lincoln, M.D.
Alexander V. Lyman, M.D.
John McCabe, M.D.
Robert V. McCormick, M.D. (2)
Jack Nelson, M.D.
George H. Parks, M.D.
John J. Poutas, M.D.
H. MacLeod Riggins, M.D.
Frank A. Seixas, M.D.
Frederick H. Shillito, M.D.
Hamilton Southworth, M.D.
Louis Sternberg, M.D.
William D. Stubenbord, M.D.
Harry Taube, M.D.
John R. Twiss, M.D.
Robert Wallis, M.D.
W. L. Whittemore, M.D.

Allergy
Horace B. Chapin, M.D.
Harry Kaplan, M.D.
Harry Swartz, M.D.

Dermatology
Thomas N. Graham, M.D.

Neurology
James F. Culleton, M.D.

Physical Medicine
Hans Kraus, M.D.

Pediatrics
Samuel R. Berenberg, M.D.
John P. Craig, M.D.
Robert O. DuBois, M.D.
John E. Franklin, M.D.
Catherine Lodyjensky, M.D.
Aldred A. Macdonald, M.D.
Giuseppe Previtali, M.D.
W. Russell Smith, M.D.
Samuel Stone, M.D.
Leo F. J. Wilking, Jr., M.D.

Psychiatry
Geneva E. Goodrich, M.D.

(2) Resigned

House Staff

Allergy

Residents
Bernard W. Godwin, Jr., M.D.
Pablo Morazan, M.D. (1)
Stanley M. Vickers, M.D.
Arsenio B. Vivera, M.D.

Graduate Fellows
Edward D. Lynch, M.D.
Howard E. Sullivan, M.D.

Dental Surgery

Intern
Jerome J. Friedman, D.D.S.

Dermatology

Resident
Herbert M. Sinakin, M.D.

Gynecology

Resident
Margot Ammann, M.D.

Assistant Resident
Anthony J. Majeski, M.D.

Medicine

1st Assistant Residents
Gazanfer Alkaya, M.D.
Peter de Nesnera, M.D.
Nirmal K. Majumdar, M.D.
Jacques Richard d'Aulnay, M.D.
Sheldon M. Weiner, M.D.

2nd Assistant Residents
Robert K. Emy, M.D.
Richard L. Golden, M.D.

Brian G. McDade, M.D.
Robert L. Reeder, M.D.
Timothy J. Regan, M.D.
George A. Sprecace, M.D.

Interns

Albert Attia, M.D.
Richard J. Cavallaro, M.D. (2)
Stanley D. Friedman, M.D.
Thomas N. Gellert, M.D.
Anthony Gerardi, M.D.
David B. Littman, M.D.
Emil Pascarelli, M.D.
Phillip Zeidenberg, M.D.

Otolaryngology

Resident
Phedon Kachtitsis, M.D.

1st Assistant Resident
Zigmund Leibovici, M.D.

2nd Assistant Resident
Guy Bouchard, M.D.

Pathology

Assistant Residents
Jane Chatten, M.D.
Leslie M. Emsden, M.D.
Kandathil O. Mammen, M.D.

Pediatrics

Resident
Halldor J. Hansen, M.D.

Assistant Residents
Jazmin Imamura, M.D.
Mary Karahali, M.D.

Nevenka Lusskin, M.D.
Kalliopi Panidou, M.D.

Plastic & Reconstructive Surgery

Residents
John D. Alton, M.D. (1)
Francis A. Morris, Jr., M.D.

Psychiatry

Fellows
Janet Jeppson, M.D.
Stuart M. Keill, M.D.

Assistant Residents

Jesus Berdala, M.D.
Maria Velez, M.D.

Radiology

Residents
Cesar E. Rosa-Perez, M.D.
Grace Tarrant, M.D. (1)
Paul Tartell, M.D.

1st Assistant Resident
Tevfik M. Gokcebay, M.D.

2nd Assistant Residents

Marcia K. Bilbao, M.D.
Gilbert Meltsner, M.D.
Michael Sulman, M.D.
Joseph N. Ward, M.D.

Surgery

Residents
Frederick O. Bowman, Jr., M.D.
Henry B. Holle, M.D.

Douglass C. Pennoyer, M.D.
James H. Terry, Jr., M.D.

1st Assistant Residents
Jerome J. DeCosse, M.D.
George J. Nugent, M.D.
Cedric J. Priebe, M.D.

2nd Assistant Residents
Milton Comer, M.D.
Robert A. Hinrichs, M.D.
Jerome G. Stabile, M.D.

3rd Assistant Residents
Robert B. Ambrose, M.D.
Hubert S. Bush, Jr., M.D.
John E. Crisp, M.D.
George H. Lobley, M.D.
William C. Rhangos, M.D.
Jay Wagner, M.D.
Chin Bor Yeoh, M.D.

Interns
William T. Beaver, M.D.
Richard W. Brenner, M.D.
Daniel J. Collins, M.D.
Thomas M. Haizlip, M.D.
Ronald J. Messer, M.D.
Robert W. Sherry, M.D.
Kirby L. C. von Kessler, M.D.

Urology

Resident
William A. Vessie, M.D.

Assistant Resident
George K. Eftimiades, M.D.

Medicine

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Otolaryngology

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Pathology

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Psychiatry

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Surgery

- Radical left hemicolectomy. *Madden, J. L.: Atlas of Technics in Surgery*, New York, Appleton-Century-Croft, Inc., 1958,p.354.
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• Penetrating wound of the heart with delayed recurrent hemothorax. (With Cosman, B., and Byerly, G.) *Ann. Surg.* 147:87,1958.



REPORT OF *the Chairman* — *of the Volunteer Committee*

The Roosevelt Hospital Volunteer Committee in 1958 again directed its efforts toward better patient care. Though these efforts had a common goal, they were channeled in many different ways. A total of 313 Volunteers gave 24,232 hours of service. Some of these Volunteers were of direct service to the patient—the Red Cross Nurses' Aides and Gray Ladies, Occupational and Recreational Therapy Aides, messengers, interpreters, receptionists and church escorts, as well as the Volunteers who maintained regular service in the Volunteer Shop, the Patients' Free Library, the Shop Cart and the Cardiopulmonary Laboratory.

Other Volunteers, providing equally important services, never saw a patient. They served in the Development, Medical Records, Volunteer and X-ray Departments, the Laboratories, the Nearly New Shop, the Sewing group and in other special capacities which helped to maintain a high level of hospital service behind the scenes.

The Nearly New Shop, which sells new and used articles, gave regular monthly support to the Social Service program, provided Christmas gifts and summer camp vacations for children and their mothers, and helped support the Hospital's free-care program. Proceeds of the sixth annual Ball of the Roses, amounting to \$35,170, and the \$23,354 collected by Committee participation in the United Hospital Fund Campaign and Hospital Week also helped to support the free-care program.

To bring broader experience and greater understanding to their work at Roosevelt, Committee members attend city-wide meetings on all phases of hospital service and are members of other committees working in related fields.

The Committee joins me in expressing thanks to Ruth E. Cushman and Mable Hur for giving us such a well-run Volunteer Department and to Christine Kutka for her expert management of the Volunteer Shop. To all Volunteers for their magnificent service, we express our grateful appreciation.

Everyone gives something of herself to our Hospital. This is a firm foundation on which to build and to go forward to better patient care.

MRS. LEICESTER H. SHERRILL
Chairman, The Volunteer Committee



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Treasurer: Mrs. Charles G. Wray

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Volunteer Shop Cart: Mrs. William Wendt
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volunteers (other than committee) who have served during 1958

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Mrs. Jose Alarcon
Mr. William H. M. Albertson
Mrs. Henry H. Anderson
Miss Patricia K. Anthony
Mrs. Charles F. Bailey
Miss Jo Ann Baker
Mr. Trumbull Barton
Mrs. Edith Bean
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Mrs. Trevett Coburn Chase
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Miss Theodora Christon
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Mrs. Gordon R. Clapp
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Miss Agnes Denny
Miss Delia DeSantis
Miss Margaret Des. Devine
Miss Dorothy Ebbott
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Miss Paula R. Eyerly
Mrs. S. A. Feig
Mrs. Sylvia Field
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Mrs. R. G. Fiske
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Miss Minerva A. Frazier
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Mrs. G. B. Garfield
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Miss Natalia Granell
Mrs. Glen Greene
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Mrs. George P. Harrington
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Miss Lee M. Hiemenz
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Miss Edith Zalin
Mrs. Renee S. Zoloto

Assets

DECEMBER 31

General and Temporary Funds Assets:

	1958	1957
Cash	\$ 276,092	\$ 482,372
Investments—Bonds and stocks, at cost (market value, 1958, \$312,005; 1957, \$325,656)	309,398	311,048
Interest receivable	47,737	51,730
Accounts receivable:		
Patients' care (less reserve, 1958, \$191,601; 1957, \$182,737)	708,230	631,560
Other	28,877	43,504
Supplies, prepaid insurance, etc.	99,980	116,597
Total general and temporary funds assets	\$ 1,470,314	\$ 1,636,811

Endowment and Special Funds Assets:

	\$ 306,130	\$ 688,096
Cash	\$ 306,130	\$ 688,096
Investments — at cost:		
Endowment funds:		
Bonds and stocks (market value, 1958, \$4,074,923; 1957, \$3,240,103)	3,191,097	2,842,067
Mortgages receivable and real estate	127,053	126,087
Special funds — Bonds and stocks (market value, 1958, \$5,787,836; 1957, \$4,179,665)	5,766,204	4,281,728
Interest receivable	32,165	23,359
Total endowment and special funds assets	\$ 9,422,649	\$ 7,961,337

Plant Fund Assets:

	\$ 323,355	\$ 323,355
Land and land improvement, at cost	\$ 323,355	\$ 323,355
Buildings and equipment, at cost (less depreciation, 1958, \$3,767,964; 1957, \$3,425,825)	7,518,616	7,158,244
Construction in progress	266,812	449,297
Investments — Bonds and stocks, at cost (market value, 1958, \$1,123,274; 1957, \$924,153)	989,500	958,914
Cash	18,022	50,368
Total plant fund assets	\$ 9,116,305	\$ 8,940,178
Total	\$ 20,009,268	\$ 18,538,326

BALANCE SHEET, DECEMBER 31, 1958 AND 1957

General and Temporary Funds:

	DECEMBER 31	
	1958	1957
Liabilities:		
Accounts payable	\$ 195,501	\$ 190,379
Accrued payroll	44,233	104,686
Other	109,551	93,478
Total	\$ 349,285	\$ 388,543
Fund Reserves:		
General Fund	823,987	945,652
Temporary Funds	297,042	302,616
Total general and temporary funds	\$ 1,470,314	\$ 1,636,811

Endowment and Special Funds:

Endowment Fund Reserves	\$ 3,440,660	\$ 3,033,007
Special Fund Reserves:		
Unrestricted gifts and legacies.....	1,418,340	1,735,059
Stuart M. Crocker Educational Fund.....	947,504	954,906
Progress Fund	3,616,145	2,238,365
Total endowment and special funds	\$ 9,422,649	\$ 7,961,337

Plant Funds:

Plant Fund Reserves:		
Capital invested in property.....	\$ 7,360,313	\$ 7,012,955
Construction funds	279,939	442,764
Total plant fund reserves	\$ 7,640,252	\$ 7,455,719
Mortgages payable (see note).....	461,997	468,644
Accounts payable	19,661	19,661
Replacement Funds	994,395	996,154
Total plant funds	\$ 9,116,305	\$ 8,940,178
Total	\$20,009,268	\$18,538,326

notes:

The Hospital operates a residential apartment house for staff personnel. At December 31, 1958, this property was subject to two mortgage loans, one for \$225,000 which is due on July 1, 1959, and the other for \$236,997 which requires quarterly payments including interest of \$4,375.

STATEMENT OF

FOR THE YEARS ENDED DECEMBER 31, 1958 AND 1957

	DECEMBER 31 1958	1957
<i>Operating Income:</i>		
Care of patients	\$5,637,975	\$4,718,408
Less allowances and provision for bad debts	1,191,345	781,108
Care of patients—net	\$4,446,630	\$3,937,300
Other (including transfer from temporary and special funds, 1958, \$132,102; 1957, \$31,089)	545,470	425,057
<i>Total operating income</i>	<u>\$4,992,100</u>	<u>\$4,362,357</u>
<i>Operating Expenses:</i>		
Professional, nursing, and special services	\$2,991,810	\$2,703,637
Out-patient service	273,491	267,089
Dietary	652,155	633,874
Household and property	877,218	850,088
Residence buildings	129,019	137,382
Administration	854,443	793,954
<i>Total operating expenses</i>	<u>\$5,778,136</u>	<u>\$5,386,024</u>
<i>Loss Before Depreciation</i>	<u>\$ 786,036</u>	<u>\$1,023,667</u>
Provision for depreciation	356,393	328,019
<i>Net Operating Loss</i>	<u>\$1,142,429</u>	<u>\$1,351,686</u>
<i>Other Income:</i>		
Investment income	\$ 265,868	\$ 213,617
United Hospital and Greater New York Fund grants	187,206	160,794
Contributions	143,892	165,391
<i>Total other income</i>	<u>\$ 596,966</u>	<u>\$ 539,802</u>
<i>Net Loss for the Year</i>	<u>\$ 545,463</u>	<u>\$ 811,884</u>

NOTES:

(1) Certain 1957 items have been reclassified for comparative purposes.

(2) The note to the accompanying balance sheet is an integral part of this statement.

S U M M A R Y O F

FOR THE YEAR ENDED DECEMBER 31, 1958

General and Temporary Funds:

BALANCE—JANUARY 1, 1958	\$ 1,248,268
CREDITS:	
Contributions and Legacies	133,635
Income from Investments, etc.	13,295
Fund Transfers:	
For Depreciation on Buildings and Equipment (unfunded)	368,999
From Unrestricted Gifts and Legacies	150,000
Proceeds From Disposal of Equipment, etc.	3,392
TOTAL	1,917,589
CHARGES:	
Net Loss for the Year	545,463
Expenditures for Property and Equipment	116,615
Payments by Temporary Funds for Patient Care	45,544
Other	88,938
TOTAL	796,560
BALANCE—DECEMBER 31, 1958	\$ 1,121,029

Endowment and Special Funds:

BALANCE—JANUARY 1, 1958	\$ 7,961,337
CREDITS:	
Contributions and Legacies	1,991,106
Income from Investments, etc.	180,595
TOTAL	10,133,038
CHARGES:	
Grants and Other	120,080
Expenditures for Property and Equipment	440,212
Fund Transfers:	
To General and Temporary Funds	150,097
TOTAL	710,389
BALANCE—DECEMBER 31, 1958	\$ 9,422,649

Plant and Replacement Funds:

BALANCE—JANUARY 1, 1958	\$ 8,451,873
CREDITS:	
Property additions	556,827
TOTAL	9,008,700
CHARGES:	
Fund Transfers:	
For Depreciation on Buildings and Equipment (unfunded)	368,999
Proceeds From Disposal of Equipment, etc.	3,295
Other	1,759
TOTAL	374,053
BALANCE—DECEMBER 31, 1958	\$ 8,634,647

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Accountants' Opinion

March 13, 1959

Board of Trustees of The Roosevelt Hospital:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1958 and the related statement of income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1958 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding years.

Haskins & Sells
HASKINS & SELLS

Origin

THE ROOSEVELT HOSPITAL, founded in 1869 under the will of James H. Roosevelt for "the reception and relief of sick and diseased persons", opened in 1871 to a neighborhood of scattered farms and cabins.

Ownership

THE ROOSEVELT HOSPITAL, from its founding, has been managed by a Board of Trustees whose members serve without recompense giving freely of their knowledge, time and skills.

Service

THE ROOSEVELT HOSPITAL, today serves a broad band of midtown Manhattan protecting a community of over 400,000 residents and 1,000,000 daily transients. With 451 beds, 24-hour-a-day emergency and ambulance service, 38 clinics and extensive teaching programs, it is the health center of its community. Of the 10,000 persons admitted each year, nearly half are ward patients receiving free or less-than-cost care. Patients unable to pay for medical care are treated without charge by attending staff doctors, who also give many hours weekly to the education of doctors-in-training. Community volunteers give nearly 25,000 hours of service to the Hospital each year.

Economics

THE ROOSEVELT HOSPITAL, a non-profit, voluntary institution, depends upon philanthropic giving for survival since income from patients does not meet its operating costs. The difference between income and costs this year was \$786,000 before depreciation. Part of this loss is met by the \$597,000 received from investment income, grants from the United Hospital and Greater New York Funds and contributions. The loss of \$189,000 in 1958 is the direct result of providing clinic and ward care at less than cost.



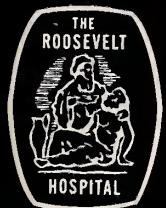
THE ROOSEVELT HOSPITAL, to construct a new \$10,000,000, 12-story building to provide vital services required by a changing and growing community, still needs **\$ 5,000,000**

To offset losses for community Hospital care given at less than cost, The Roosevelt Hospital needs to augment its Endowment Fund by **\$12,000,000**



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The Roosevelt Hospital

1961 ANNUAL REPORT

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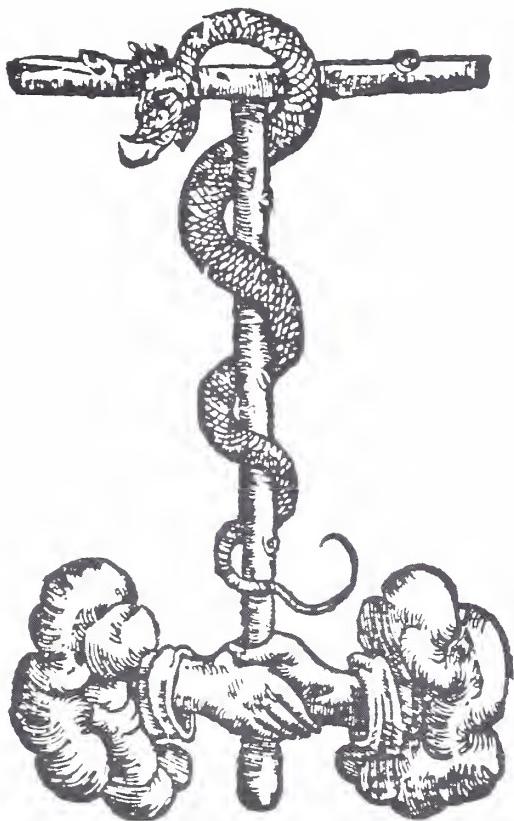
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*ex officio, Executive Committee, Medical Board

⁽¹⁾ deceased, 1961



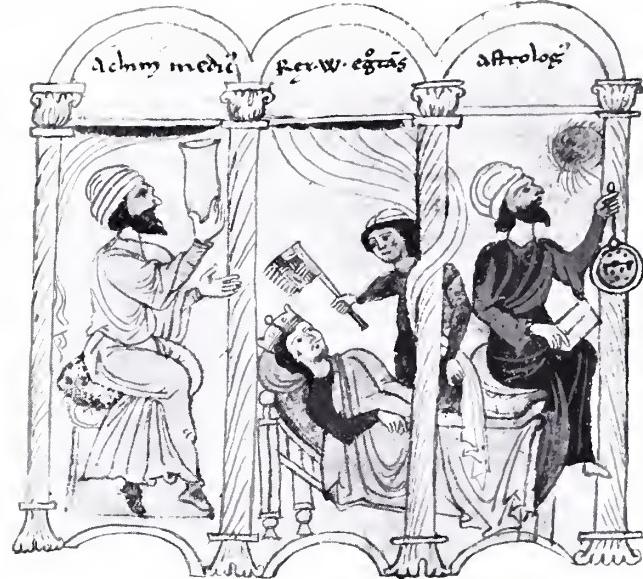
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THE ROOSEVELT HOSPITAL

428 WEST 59th STREET • NEW YORK 19, N.Y.





PRESIDENT'S REPORT

THIS ANNUAL Report is dedicated to the finely-trained minds and skills of our Hospital family.

So many of these skills—though they be directed by the brain—are performed by the knowing and comforting human hands, all necessary in a modern hospital for care and healing.

Interestingly enough, the number of such hands per patient has not increased appreciably since 1871—when Roosevelt opened its doors to its first patients. Since then medical science has undergone great change. The equipment now required to back up the specialized skills of these hands is more complex and more costly. Roosevelt is taking part in the revolution in medical science. One basic principle at Roosevelt which has never changed is that each patient shall have the best possible care that these skilled hands can provide.

Another principle is to explore and innovate. 1961 saw the first full year's operation of the Special Care Unit. Although the costs of maintaining this unit contribute to our operating loss, it is successful in what it was designed to do—to save lives.

Another significant move was the opening of one of the first Psychiatric Day Care Programs in

New York City. This program is designed to meet the range of psychiatric problems that fall midway between those requiring full inpatient treatment and those that could be treated on the usual outpatient basis.

Our Psychiatric service was expanded in another direction. Because incipient psychosis must be detected and treated early to prevent a progression to acute stages, we felt we should pioneer in the alleviation of this critical need by introducing a 24-hour emergency psychiatric service.

Approval was granted during the year by the Council of Hospitals of the American Medical Association and the College of American Pathologists for a full four years of training in our Pathology Residency program. Our School of Nursing showed a new high enrollment of one hundred twenty-seven students.

First steps were taken to add two new medical Departments: Obstetrics and Ophthalmology. Dr. A. C. Wadsworth was appointed Chief of Ophthalmology in June, 1961; Dr. Ralph W. Gause became Chief of the Department of Obstetrics and Gynecology in December, 1961 and will become full-

time director when all the facilities are available. Dr. Edmund N. Joyner III became Roosevelt's first full-time Director of the Pediatrics Department.

A move was made, during the year, from limited research in the field of isotopic medicine to the practical applications, such as in heart and other chest surgery, where actual blood volume determinations during operations are now possible.

Such actions are in the Roosevelt tradition — the capacity to advance, to anticipate, modernize, to be resilient to new needs. Our physical plant has been rebuilt and renewed many times in the past...as it will be in the future.

We are greatly concerned with the costs that medical progress entails. In 1961 it cost Roosevelt on the average \$30 more to care for each patient than it received from its patients. These costs at Roosevelt, as at other hospitals, will go on climbing. As patients and their doctors demand—and they should—better quality diagnostic and other procedural "work-ups," so must the Hospital acquire the equipment and attract and hold the trained persons necessary to achieve these higher medical standards.

Towards this end over \$12,500,000 will be put in new plant and facilities when our current capital goal is reached. More importantly, during the last five years wages, employment and retirement benefits have increased 40% so that today all members of Roosevelt's staff are as well compensated for their dedicated work as any other hospital of its size in the City. We aim to keep it that way. True, we are short on nurses as is every other hospital, but we believe we can go a long ways towards curing this if we can provide better facilities and housing.

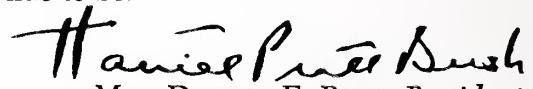
Our generous donors, the income from the Hospital's endowment, the money that comes from the United Hospital Fund and the Greater New York Fund have made it possible to offset a great deal

of the annual operating loss. The support from 5,715 annual gifts totalling \$758,109 made during the last five years, the same period during which \$10,635,768 has been raised for capital gifts, is an indication that these donors believe that Roosevelt is spending its operating income with judgment. We are grateful not only for the generosity expressed in these gifts but for the confidence that comes with them.

Among the capital gifts I would especially like to mention are those from the estate of Dr. Condict Walker Cutler, Jr. in the amount of \$650,000, that of Mrs. Janet Upjohn Stearns in memory of her father to establish the Upjohn Gastrointestinal Service in the amount of \$1,000,000, and a most heart-warming bequest of \$300,000 from the late Fritz Kreisler. The renowned violinist never forgot the quality of the care he received at Roosevelt when, as a consequence of critical injuries sustained when he was struck down by a car in Manhattan, he became a patient for eighty-two days.

I am grateful to all those who have put Roosevelt further along the road of medical progress—to our doctors, our nurses, our employees, our volunteers, the administrative staff and the Trustees, all of whom met and resolved some very difficult problems, particularly during a period of new construction.

With the help of our chairman, Mr. George Roberts, Mr. Jack I. Straus, chairman of the executive committee, Dr. Howard Patterson, chairman of the Medical Board, Mr. Peter Terenzio and our other loyal friends, we hope we have moved closer during the year to the conception of the fine institution we have promised ourselves Roosevelt Hospital shall continue to be.


Mrs. DONALD F. BUSH, President



MEDICAL BOARD

THE 92ND YEAR since the laying of the original cornerstone of our Roosevelt Hospital was marked by the cornerstone ceremonies of the new Garrard Winston Memorial Building. This splendid addition will not be the end of our physical growth, but represents the most important milestone for our Hospital in many decades. Ten years in the life of a hospital inevitably mean great change, as a glance through the 1951 Annual Report will emphasize.

Much of the work of the Medical Board during 1961 was carried on by a group of special committees that were created to work toward taking full advantage of our new physical facilities, soon to be available in spite of the inevitable strikes and delays. Most directly concerned with this is the Advisory Committee on Allocation of Space, involved not only with our new building but also with remodeled areas in our older buildings. There is also an important Medical Board Committee on Equipment, including a sub-group concerned especially with electronics.

It has seemed to me that for years past the Out-Patient Department activities were in particular need of revising and strengthening, and a special committee has worked hard and long on these problems. A complete reorganization will be accomplished by the middle of 1962.

We were requested, by the New York County Medical Society, to establish a Committee on Hospital Utilization. At first concerned largely with preventing abuses of Blue Cross coverage (*thus helping to control rate rises*), this committee soon found itself concerned with every item that contributes to our Hospital's annual expenses. Furthermore, the committee gathered much information that will help us plan better toward filling our proper role in the community, in five, ten and even more years hence.

Another achievement in 1961 was the reorganization and strengthening of the teaching program in the Department of Medicine for the 4th year students, internes, and residents, with joint confer-

ences and teaching efforts by the two Divisions of the Department of Medicine.

Once again we were blessed with an excellent group of internes, who through the National Internship Matching Plan selected our Hospital for training. As always, we followed, with great interest and pride, the achievements of the Residents who have completed their training at the Roosevelt Hospital. I only wish that space limitations did not preclude recording these here, in some detail.

The Research Laboratories, in their second full year of operation, have steadily become more valuable. No pressure is exerted on any member of the Resident Staff to "do research," but this activity is well supervised and the interest is growing steadily. An adequate "team" will be ready when the new laboratories are available in 1963.

The Operating Rooms and the Department of Anesthesia once again did a splendid year's work, surpassing in volume that of 1960, and covering approximately eight thousand hours of operating time.

The Special Care Unit completed its first full year of operation in 1961, and proved its value to extremely ill patients and to their families.

The Janeway Department of Therapeutic Radiology, under the able new leadership of Dr. Louis Sanfilippo, has become steadily more active

and more useful during the past year.

At the close of the year, two valued members of the Medical Board reached the retiring age, Dr. Frank R. Smith, Chief of Gynecology, and Dr. Frank Peters, Attending Physician. We are grateful to them for their loyal and able service, to the Hospital and its patients, over many years.

I have left, for the end of my report, the important matter of the quality of patient care. This is what the doctors on our staff must always maintain as their chief interest.

The nation-wide shortage of nurses is a continuing problem. The Nursing Service and Administration worked hard during 1961 toward handling this acute problem at Roosevelt Hospital. It is a problem that must and will be solved, and the members of the Medical Board will do all they can to help toward a solution.

I have been much honored to serve a second year as President of the Medical Board. My thanks go especially to Mrs. Bush, our devoted and able President, and to

the other members of the Executive Committee of the Trustees; to the members of the Medical Board; and to Mr. Terenzio and his staff for their patience and their help.



HOWARD A. PATTERSON, President, Medical Board







TEACHING PROGRAM

THE PROBLEM of providing proper medical services for the American people, it has been observed, is not solely that of producing more physicians and nurses, but also of educating them.

This generation is experiencing a major explosion of scientific knowledge. One of the primary responsibilities of medical education is, then, to translate these new discoveries into practical knowledge that may be applied to the needs of patients and the community.

This is the teaching concept at The Roosevelt Hospital. While originally founded simply as an institution for the reception and care of the sick of New York City, a characteristic which has come to distinguish Roosevelt is the excellent quality of its programs in medical education.

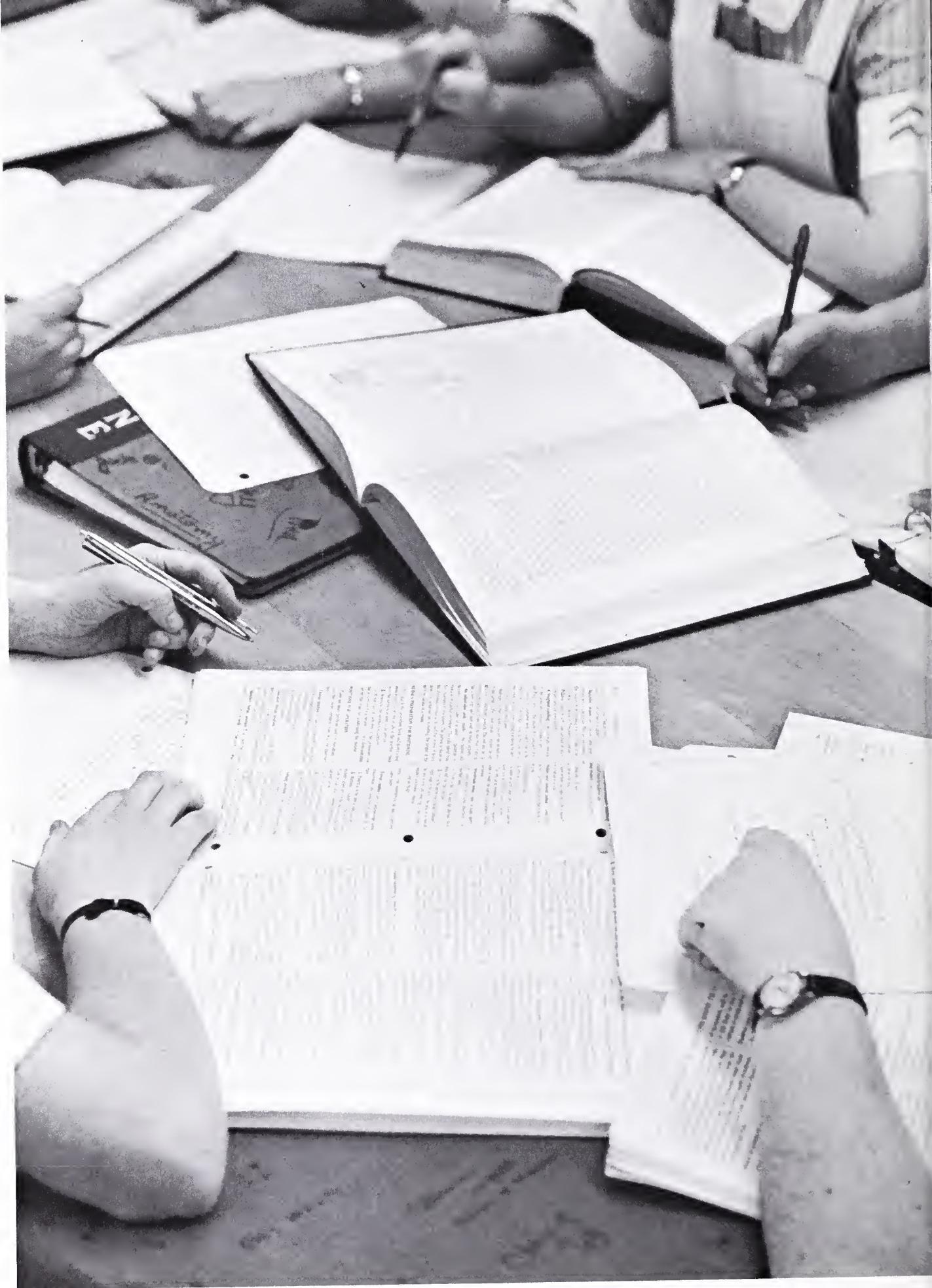
In such a setting the Hospital has assumed heavy educational responsibilities in addition to patient care. These include the support and teaching

of residents and nurses, of teaching ward services, special outpatient clinics, laboratories, rooms for instruction, offices, extra nursing procedures, maintenance of facilities, more ancillary personnel and enlarged administrative expenses.

The support of these essential functions was calculated to be \$400,000 during 1961. An additional \$39,594 was expended from the Stuart M. Crocker Educational Fund for scholarships, stipends, grants and other educational matters.

These sums represent the costs of the teaching program for the ninety to a hundred clinical clerks, interns and residents; for the 127 student nurses, of which 34 were graduated during the year.

This outstanding educational program of the Hospital is traditional, but it is not carried on for tradition's sake. Nor is it considered a mere adjunct to the main purpose of the Hospital—the healing of the sick.



It is regarded by the Trustees for what it is—one of the most valuable assets a hospital can possess, despite its cost.

Briefly stated, the motivation behind the teaching programs at The Roosevelt Hospital is to provide the best possible care for the members of the community it serves, for the many visitors to our city, and to develop mature, experienced physicians and nurses capable of rendering the most efficient and modern medical care anywhere in the world.

The distinction between a "teaching" and a "non-teaching" hospital and the great advantages to patients in a teaching hospital is understood by the medically-sophisticated, but not as well understood or appreciated by the general public or even by many patients.

A patient in a "teaching" hospital receives superior care. The most obvious reason is that under such a system every patient has the protection of constant 24-hour surveillance by qualified resident physicians.

If any patient's condition suddenly changes, should emergencies occur, a resident doctor is immediately available to cope with the situation. Or the situation may require several doctors, all working as a team—at any hour—at any time. All are trained in the correct medical procedures, and to use the Hospital's special life-saving equipment.

The training and constant supervision of these interns and Resident physicians by a group of practicing hospital Attending Physicians is carried on in the finest tradition of medicine.

Only selected medical predoctoral and post-doctoral students are admitted for training at Roosevelt. In 1961, as in previous years, more top-ranking graduates of medical schools applied for acceptance than we could accommodate.

In 1961, new trends in nursing and the continuing shortage of nurses were a special consid-

eration of a Trustee committee.

In concert with this committee, the School of Nursing faculty investigated and studied the trends and changes in nursing education curriculums. Special attention was given to the demands on today's staff nurse—the continuous delegation from doctors to nurses of more and more responsibility for patient care, the new skills created by new therapies, the greater degree of sophistication required by nurses.

In the latter part of 1961, the faculty was authorized to plan a new type of educational program looking toward a future two-year course instead of the present three-year program. This preliminary planning was done in consultation with outside educators and nursing leaders.

The School of Nursing, fully accredited, had 18 full-time and four part-time faculty members in 1961. The School continued to utilize the Sloane Hospital for Women (*Presbyterian Hospital*) for the training of students in obstetrics, and the New York Hospital (*Westchester Division*) for training in psychiatric nursing.

The costs of nursing education have not, to date, been shared by all of the hospitals in the country. Only some 15 per cent of the hospitals are educating nurses for the balance of the hospitals, the armed forces, the public health departments of government, and private industry, not to mention the Peace Corps.

It costs The Roosevelt Hospital approximately \$6,000 to educate each nursing graduate.

The Roosevelt Hospital is resolved to maintain its reputation of excellence in teaching. It does so in the conviction that only in a *teaching* hospital may young men and women be adequately prepared for responsibility in medicine. And only in such a hospital may a patient receive superlative medical treatment.

RESEARCH

DURING 1961 there has been an increasing amount of research, all of which has been coordinated with clinical teaching in the various departments of the Hospital. The continuation and expansion of these various projects depends upon the completion of the Garrard Winston Memorial Building which will furnish the necessary laboratory areas.

We are looking forward to this.

In the Department of Laboratories there have been continuing investigations in x-ray spectroscopy and allied problems under Dr. Samuel Natelson whose studies have been underwritten by the National Institutes of Health.

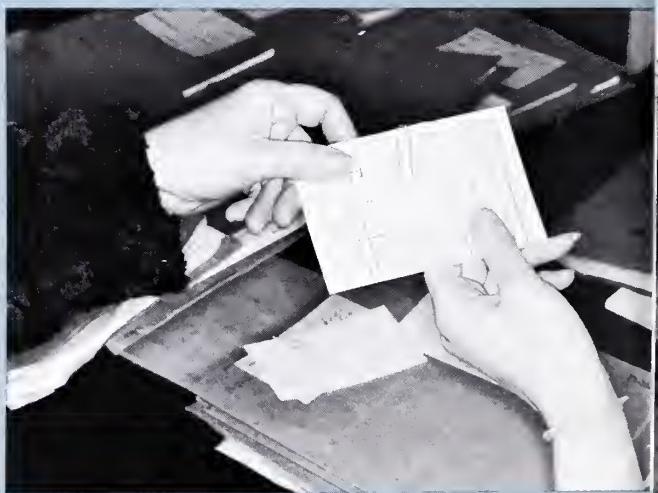
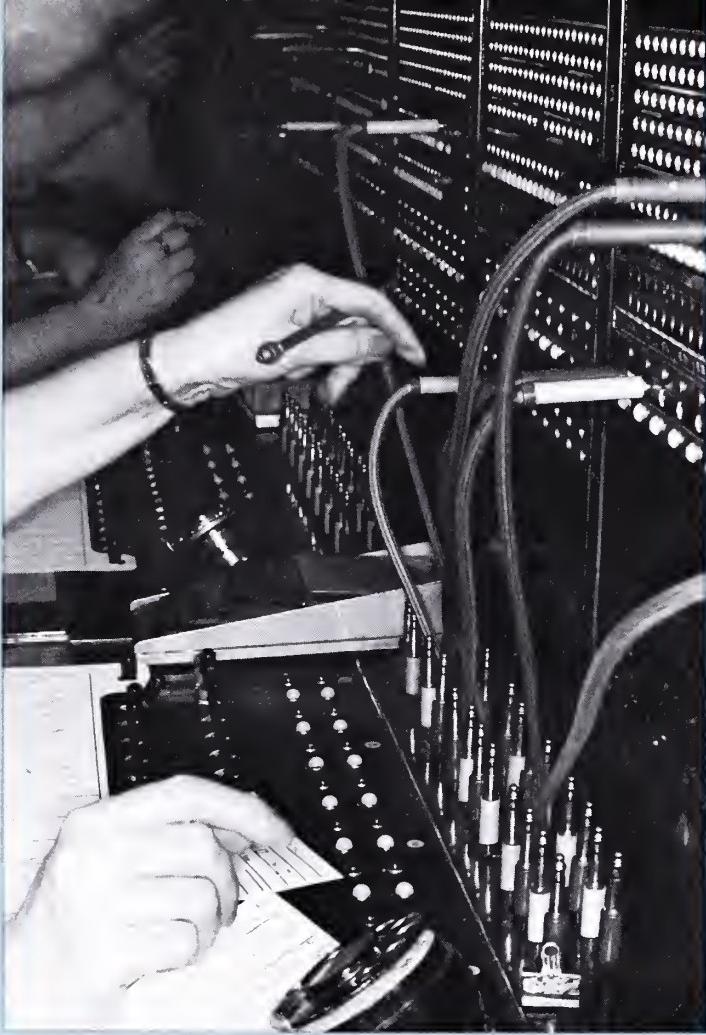
The Department of Medicine has expanded its teaching and research the past year chiefly through the laboratories of Dr. Charles Bertrand (*Cardio-Pulmonary*) and Dr. Herman Ziffer (*Endocrinology and Metabolism*). At the same time the Allergy Institute under Dr. William Sherman has continued to make valuable contributions especially in chemistry and immunology.

In the Department of Surgery there have been continuing studies in the techniques of open-heart surgery, the management of heart injuries and certain aspects of pulmonary pathology under Dr. J. Maxwell Chamberlain and his staff. These studies are sponsored by the Hartford Foundation and the Health Research Council of New York. Dr. Beall Rodgers' program for the surgical house staff in surgical technique has been popular and rewarding. Special studies in isolated perfusion were conducted by Dr. Adrian Lambert.

The Department of Psychiatry was active in clinical investigation in many areas and plans were being formulized for further expansion.

The year of 1961 has been one of anticipation and preparation for the eventual move to the new building with the laboratory areas that have been lacking. The Department of Pediatrics already has plans for certain research projects and new studies have been outlined in the Department of Medicine and Surgery for the coming years.





ADMINISTRATION

ROOSEVELT'S LOYAL STAFF can take pride in its accomplishments of 1961.

It is a tribute to the people who make up our organization that despite the harassments and frustrations caused by the new building construction, the Hospital maintained a high level of performance.

It has not been easy. For 1961 was a year of noise, of dynamiting, steam shovels, dust and dirt; of such inconveniences as windows which had to be kept closed during summer heat, air-conditioning sometimes inoperative, humidifying systems malfunctioning, etc.

But the staff accepted all this with good grace, as did most of the patients, because we could witness the exciting spectacle of the Garrard Winston Memorial Building as it took shape before us. It was exciting because we could see our dream of new, expanded and improved hospital services become a reality.

The basic purpose of the Hospital continues to be the care of the sick and injured; the education of

the physician, the nurse and others in the health professions; the advancement of research in medical science.

To support this basic purpose our staff sought new approaches and methods to our essential activity which is to work smoothly with and through each other within the complexities of the Hospital. We endeavored within this framework to keep a magnifying glass focused upon ourselves so that we might establish and maintain our perspective and sense of direction. We gave these processes and procedures much attention.

This major management effort may not be statistically measurable but the effects are and will be felt throughout the Hospital nonetheless.

Statistics are most meaningful when there is some basis of comparison. Hence, in this Report, we selected the year of 1957 in reference to 1961. The trends thus revealed are informative.

It will be noted there was very little change in patient admissions as between the comparison



	1961	1957
Patient Admissions		
Medical	3,372	3,054
Surgical	4,332	4,129
Pediatrics	518	616
Gynecology	1,029	1,000
Urology	709	563
Ear, Nose, Throat	591	543
Psychiatric	52	167
Allergy	143	208
Dental	172	121
TOTAL	11,020	10,401
Patient Days Care	142,527	131,989
Ambulance Trips	8,691	9,940
Number of Operations	5,876	3,150
EKG	9,746	6,498
Cytoscopic Examinations	2,001	1,888
Cardio-Pulmonary Tests	193	
Electroencephalography Tests	725	460
Isotope Studies	388	
X-ray Films	123,152	124,759
Emergency Visits	39,065	44,545
Outpatient Visits	85,581	97,151
Audiogram Tests	245	135
Pounds of Laundry	1,952,413	1,524,644
Pharmaceutical Prescriptions (Outpatient)	41,219	35,275

years. Expressed another way, this means that the number of available beds remained about the same. Yet, during this period, our overall Hospital costs continued to climb, unavoidably adding to our cost-per-bed.

We are looking forward to 1964 when we can increase our bed capacity, thereby decreasing the ratio of fixed and overall Hospital costs in relation to each bed.

From an administrative point of view, we are grateful to the doctors for maintaining the Hospital occupancy at a high level and for the increased utilization of our diagnostic facilities as shown by the number of EKG, EEG, cardio-pulmonary and cytoscoptic tests performed. The decline in the number of x-rays in 1961 can be attributed to the discontinuance of mass chest screening.

The reason for the decreases in the numbers of outpatient and emergency visits and of ambulance calls is quite clear. As demolition of huge sections of obsolete tenements has occurred in our neighborhood, those who once lived in these buildings and who came to us for medical treatment, have left the Hospital's service area.

Lincoln Square and the redeveloping West Side, we anticipate, will produce quite different patients. We are planning for this eventuality and, we think, are planning well.

There were some administrative staff changes during the year. Mr. John Nicklas, Associate Vice President (Professional Services), Mr. Ernest F. Gamache, Director of Development and Assistant Secretary, and Mr. Edwin Friend, Director of Communications, left us for new affiliations. Dr. John S. Kettles joined us as an Associate Vice President, Mr. Gary Gambuti, Administrative Resident replaced Mr. Friend and later was promoted to Administrative Assistant in Charge of Outpatient Services.

A summary of a year's Hospital activities,

eventful though they may be, can never really be completely recorded. Even figures and statistics do not suffice.
How, then is it possible to record the composite imprint of the many people who have, in some way, both large and small, contributed to the advancement of the Hospital during the year? Obviously impossible.
Words are inadequate to express gratitude to those who have served so well. We can only thank you all—the Trustees, the Medical Board, the doctors, the volunteers, the staff and those who support the work of the Hospital giving of their time and their substance.

PROGRESS FUND

THE VOLUNTARY HOSPITAL, such as Roosevelt, responds to the challenge for improved patient care, for research, and for medical education by calling on those who are interested in humanly effective giving, to help fill its needs. Roosevelt is fortunate in its many friends who have responded generously to this call.

When the rapid increase in the near future demands on Roosevelt became apparent almost six years ago, the medical staff, the administrative officers and the trustees agreed that major capital funds would be needed to keep the Hospital ahead of the requirements which would be placed on it. The sights had to be raised as time went on, but the objective remained the same—to provide the best possible care to its patients.

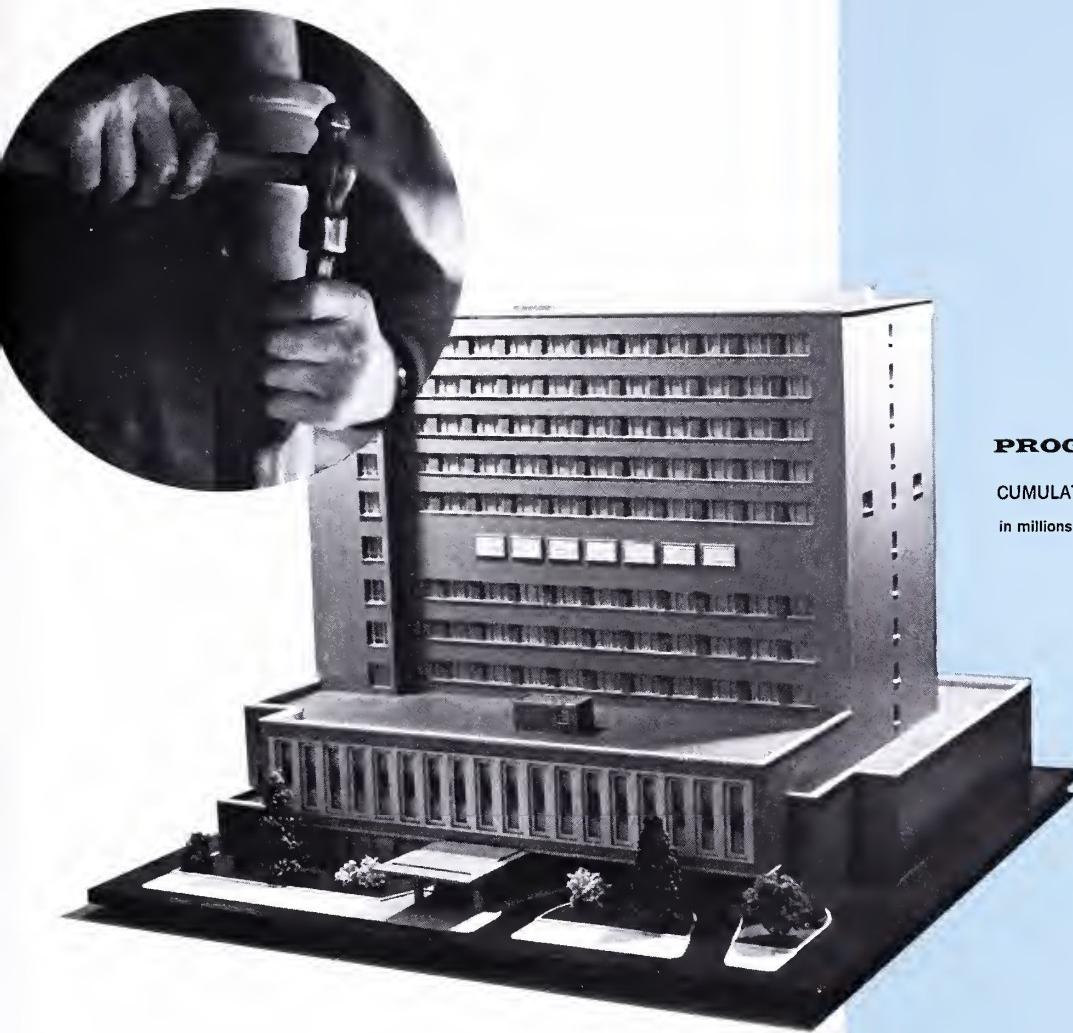
What in 1956 seemed to be an adequate program was outdated in 1958. So again in 1960 when it was set at \$12,500,000. The goal is now within \$1,859,000 of being realized, with a pledge from the Monell Foundation that when the program is within \$250,000 of its needs, it will give this amount.

Gifts to Roosevelt have come from 2,970 donors—former patients, foundations, business firms, doctors, nurses, employees, women volunteers, trustees and other friends of the Hospital. During the period which started in November, 1956 and

through June, 1962, their gifts have amounted to \$10,641,600. Many have given several times. All have given because they believe in medical progress.

These capital funds are being spent to add new facilities and to expand existing ones. A twelve-story structure, named for Garrard Winston, a former President of Roosevelt, will make possible additional services, as well as eight operating rooms, conference rooms and, most importantly, new clinical and research laboratories. The new patient rooms have been designed for private or semi-private use, depending on need, giving added flexibility and raising the Hospital's capacity by forty per cent, from 452 to 634 beds.

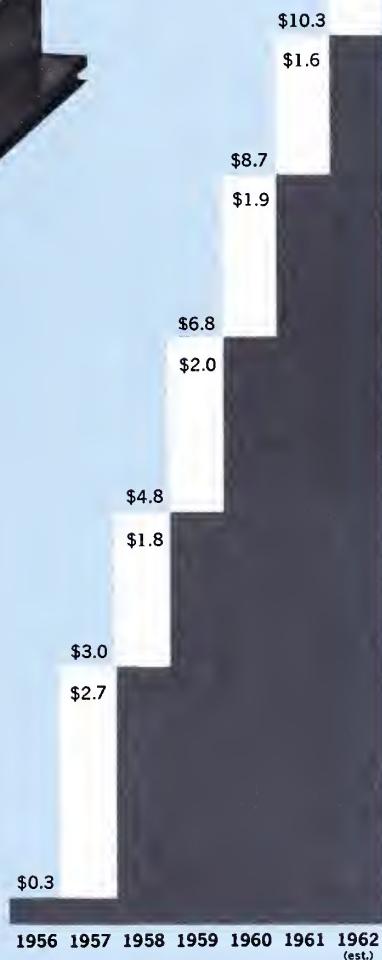
In the true sense, the voluntary hospital never reaches its goal. As the community grows and as medical education increases, the demands on facilities and staff become greater. Roosevelt is no exception. Like most voluntary hospitals, it operates at a loss and probably will continue to do so. To those who give to the Hospital, whether for capital or in order to help pay for operating costs, it is important to know that over the past five years the annual operating loss before depreciation has been cut by more than 50 per cent. The support from 5,722 annual gifts totalling \$758,303, made during



PROGRESS FUND

CUMULATIVE TOTALS

in millions



the same period that the \$10,641,600 has been raised for capital gifts, has been of great benefit to Roosevelt.

The need for these essential annual gifts is increasing. When the \$12,500,000 goal is realized, new emphasis will be placed on putting the Hospital's needs before the 1½ million people who live or work in the Roosevelt area. As *FORTUNE Magazine* aptly puts it, "There seems little question that it is the institution, able to organize to keep costs and prices down, able to impose standards to keep quality up, which holds the key to the future of modern medicine."

Roosevelt Hospital acknowledges gratefully the generosity of its donors. This broad interest and support is recorded with deep appreciation.



THE HOSPITAL VOLUNTEER SYSTEM grew in scope of accomplishment and in other dimensions during 1961.

The volunteers gave, collectively, in the year 1961, the equivalent of five years of time to the Hospital. In 1960, they gave—similarly computed—four years of time.

Six hundred and twenty persons gave 44,116 hours' service in 1961. Five hundred of these persons contributed 42,700 "in-service" hours of the 44,116 hours. An additional 125 persons contributed another 1,488 hours in other valuable ways.

Several new services were added to the existing program by Mrs. Eve Dyrssen, Director of Volunteer Services. These include the Junior League Art Cart and the Courtesy Cart. The "Art Cart" brings a selection of mounted art pieces to patients during their stays. The "Courtesy Cart" brings miscellaneous items (*stationery, candy, etc.*) to semi-private and ward patients.

From a modest beginning, the program to enroll high school and college students has made significant strides. While the number has not been large, the idea behind the program has important implications for the future.

Twenty-five high school students were trained by the Junior Red Cross or the Volunteer Director. Twenty college students gave useful Hospital service.

The Constance McLane Mohun Free Patient Library circulated 12,410 books and magazines—a record total.

An impressive example of organizational participation in the volunteer work of the Hospital was given by the Pioneer Club of the New York Telephone Company. Over forty persons from this club worked throughout the Hospital, during the evening hours—in many capacities.

Two church groups, the Chapel of the Incarnation and St. Thomas Church augmented the volunteer ranks in 1961. Christ Church Methodist, Madison Avenue Presbyterian Church and the Senior Citizens of Elliot Neighbors Center continued to serve—as they have since 1960.

In September, 1961, the Volunteer Committee joined the Generosity Thrift Shop (*Third Avenue and 71st Street*). Income from this source provided \$5,000 for the Hospital and \$2,052 for the Social Service Department of the Hospital.

The ninth annual Ball of The Roses, co-sponsored by the Volunteer Committee and the Board of Trustees, was successful in every respect, increasing the Free Medical Care Fund by \$41,014.73.

The second annual theatre benefit—the musical “*Carnival*”—aided the Progress Fund by the sum of \$15,014.

The Volunteer Gift Shop (located in the Hospital) continued its profitable operation, netting \$8,661. Of this amount, \$2,500 was allocated to the Progress Fund. The Volunteer Committee also contributed an additional \$1,250 to this same Fund.

All of us associated with the volunteer program at the Hospital are proud of the year's record; for preserving the Roosevelt tradition of voluntary service.

One thing an annual report cannot do. It cannot reveal the depth of devotion given by the volunteers to the tasks assigned them or begin to reckon the priceless gifts of time and ability lavished by them.

Hence, those of us who direct or aid in the execution of the program wish to thank the volunteers of '61 for not only a job well done but for those intangible spiritual and morale-building qualities they contributed so generously to our ultimate purpose—the best in patient care.

Officers and Committee of the VOLUNTEER COMMITTEE

Chairman Mrs. James E. Thompson	Treasurer Mrs. Charles I. Pierce
Vice-Chairman Mrs. Albert Lee Hawes	Representative to the Board of Trustees Mrs. Charles I. Pierce
Secretary Mrs. Howard A. Patterson	
Members-at-Large of Executive Committee	
Mrs. Howard C. Adams	Mrs. Norman L. Hope
Mrs. Charles G. Wray	Mrs. William A. Dreher
Mrs. Harold L. Suttle	Mrs. Charles W. Goodeve

(Executive Committee consists of all the above)

STANDING COMMITTEES

	CHAIRMEN	VICE-CHAIRMEN
Volunteer Services	Mrs. Albert Lee Hawes	Mrs. Howard E. Buhse
Nurses' Aides	Miss Thayer Gibbons	
Volunteer Shop	Mrs. Charles W. Goodeve	
Volunteer Courtesy Cart	Mrs. Howard E. Buhse	
Library	Mrs. Thomas Balmer	Mrs. Anita Kagen
Thrift Shop	Mrs. William A. Dreher	Mrs. John W. Geary
Membership	Mrs. Adrian Lambert	
Children's Recreational	Mrs. Clarence A. Dunn	Mrs. Gurney Taylor
Social Service	Miss Nancy Walker	
United Hospital Fund	Mrs. Frederick H. Amendola	
Sewing Group	Mrs. Charles G. Wray	
Ball of the Roses	Miss Thayer Gibbons	Mrs. Thomas B. Foster
Theatre Benefit	Mrs. M. Donald Grant	Mrs. Stuart M. Crocker
Hospitality and Special Projects	Mrs. Harold L. Suttle	
Progress Fund	Miss Katharine de B. Parsons	

VOLUNTEER COMMITTEE

Mrs. Howard C. Adams	Miss Thayer Gibbons	Mrs. Harold L. Suttle
Mrs. Frederick H. Amendola	Mrs. Charles W. Goodeve	Mrs. Gurney Taylor
Mrs. Richard B. Ayer	Mrs. M. Donald Grant	Mrs. Charles Richard Thompson
Mrs. Daniel Bacon	Mrs. William B. Harding	Mrs. James E. Thompson
Mrs. Walter C. Baker	Mrs. H. R. Hastings	Mrs. Alfred G. Tuckerman
Mrs. Thomas Balmer	Mrs. Albert Lee Hawes	Miss Nancy Walker
Mrs. Markle Barnard	Mrs. Anne K. Holder	Mrs. William Wendt
Mrs. George A. Benington	Mrs. Norman L. Hope	Mrs. William H. Wilson
Mrs. Nicholas Duke Biddle	Mrs. Anita Kagen	Mrs. Charles G. Wray
Mrs. Marshall Blankarn	Mrs. Rufus G. King	
Mrs. Bruce Bliven	Mrs. Adrian Lambert	
Mrs. Norton S. Brown	Mrs. Robert L. Levy	Mrs. Francis D. Bartow
Mrs. Howard E. Buhse	Mrs. Frederic W. Lincoln	Mrs. F. Wilder Bellamy
Mrs. C. G. Bush	Mrs. R. F. L. Little	Mrs. Donald F. Bush
Mrs. Henry W. Cave	Mrs. W. G. McKnight	Miss Ruth Cushman
Mrs. Stuart M. Crocker	Mrs. Clifford D. Mallory	Mrs. Gayer G. Dominick
Mrs. Joseph F. Dawson	Mrs. Edmund C. Monell	Mrs. Elisha Dyer
Mrs. Wm. E. Delehanty	Mrs. J. Joseph Mylott	Mrs. John N. Irwin, 2nd
Mrs. Wm. A. Dreher	Miss Gertrude Ogden	Mrs. Frederic R. King
Miss Jermain Duncan	Miss Katharine de B. Parsons	Mrs. Walter G. Merritt
Mrs. Clarence A. Dunn	Mrs. Howard A. Patterson	Mrs. C. Peabody Mohun
Mrs. Randall N. Durfee	Mrs. Charles I. Pierce, Jr.	Mrs. John K. Roosevelt
Mrs. Thomas L. Ennis	Miss Jane L. Powell	Mrs. Howard C. Taylor, Jr.
Mrs. Mansfield Ferry	Mrs. George E. Roosevelt	Mrs. Roger Tuckerman
Mrs. Rodney G. Fiske	Mrs. P. James Roosevelt	Mrs. Eugene P. Warner
Mrs. Thomas B. Foster	Mrs. Philip J. Roosevelt	Mrs. Julian L. Woodward
Mrs. John W. Geary	Mrs. Albert C. Santy	

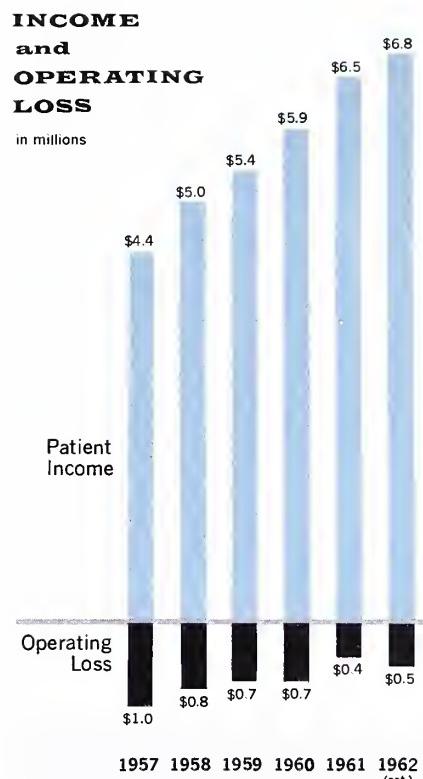
VOLUNTEERS other than Committee, who have served during 1961

Mrs. Robert Abbott	Miss Beatrice J. Carcich	Miss Rosie D. Gallardo	Mrs. Myrna E. La Fleur	Mr. Paul Orans	Miss Laura Shapiro
Miss Bobbi Adams	Miss Irene Carey	Miss Jean Galtruf	Miss Sally Laing	Mrs. E. B. Orcutt	Miss Alice Shaw
Miss Kate Adams	Miss Anne A. Carlon	Miss Rachel E. Gani	Miss Beverly F. Landauer	Miss Ann F. Ortiz	Mrs. Grace Sheehan
Mr. Jacob L. Adler	Miss Dorothy Carr	Miss Sylvia Garelick	Mrs. Agnes A. Landfried	Miss Patricia Paley	Miss Maureen Sheehy
Mrs. José Alarcon	Miss Pamela Carrington	Miss Christina Gausman	Mrs. Edward Langer	Mrs. John E. Parsons	Mr. Edmund Sheldon
Miss Laurette Alexis	Miss Maria C. Carvalho	Miss Edith Gausman	Miss Marian Langley	Mr. Frederick W. Pattison	Miss Suzanne Shell
Mrs. H. E. Alleman	Mrs. Wm. Cassebaum	Mr. Walter Gausman	Miss Diana R. Lanze	Mrs. Natica Peabody	Mrs. M. T. Shine
Miss Patricia A. Allen	Mrs. Matilda Catalano	Miss Jacqueline D. Gem	Mrs. Joseph Laval	Miss Magdalena de B. Pearman	Miss Lina Siebert
Miss Catherine Anpher	Miss Betty Ann Chase	Miss Mary E. Geoghan	Mrs. D. Lawder	Miss Angela M. Pecoraro	Miss Mary J. Siegel
Miss Jessica Ansell	Miss Grimanesa Chavez	Mrs. K. G. Giannini	Miss Alida V. Lawrence	Miss Jodi Perselle	Mr. Joel Silverstein
Mrs. R. H. Anthony	Miss Phyllis Ann Chiocca	Miss Maureen Gibson	Miss Linda M. Lawson	Miss Helen Ann Petros	Mr. Emanuel Silverstone
Miss Marie E. Antunez	Miss Deborah Choate	Miss Florence Gilchrist	Mr. Hyam Leffert	Miss Helen Philips	Miss Anita Simmonds
Mrs. Renee B. Apfelbaum	Miss Joyce Chodosch	Mr. Ben Ginsberg	Miss Carol Ann Lentz	Mrs. James Phillips	Miss Margaret Simon
Mrs. Milton Ascheim	Miss Theodora Christon	Mr. Jacques Girard	Miss Genevieve M. Lentz	Miss Elsa Phillippi	Mrs. Charles Slingluff
Miss Helen Atkinson	Mrs. H. J. Clancy	Miss Pearl Glickman	Miss Adair Leovy	Miss Bonnie Phillips	Miss Ann R. Smith
Miss Geraldine Bachese	Miss Francine Clark	Miss Catherine A. Goekel	Miss Yael Lerman	Miss Carolyn R. Phillips	Miss Barbara Smith
Miss Winifred Baker	Miss Ann Clarke	Mrs. L. Goldenleaf	Mrs. B. E. Levine	Miss Eleanor Phillips	Miss Gertrude Smith
Mr. Douglas Bunker	Miss Ann-Audrey Clarke	Miss Gloria Gonzalez	Mr. Henry Levine	Miss Audrey Pistilli	Mrs. Herbert W. Souter
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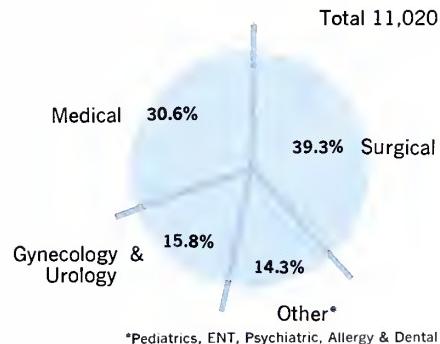


FINANCIAL HIGHLIGHTS

	<u>1961</u>	<u>1957</u>	% Increase (Decrease)
INCOME			
Income from care of patients	\$5,951,000	\$3,937,000	51.2
Sundry operating income	\$ 585,000	\$ 425,000	37.6
COSTS			
Salaries	\$4,731,000	\$3,631,000	30.3
Employee benefits	\$ 242,000	\$ 119,000	103.4
Supplies and other expenses	\$1,973,000	\$1,636,000	20.6
Wear and tear of buildings and equipment	\$ 395,000	\$ 328,000	20.4
LOSS			
Loss on operations including depreciation	\$ 805,000	\$1,352,000	(40.5)
This loss was partially covered by—			
Income on endowments	\$ 418,000	\$ 214,000	95.3
Gifts and bequests for general operations	\$ 230,000	\$ 326,000	(29.4)
Days care rendered patients	142,527	131,989	8.0
Clinic and emergency visits	124,646	141,696	(12.0)
Patient admissions	11,020	10,391	6.1
Number of employees	1,132	1,223	0.9%

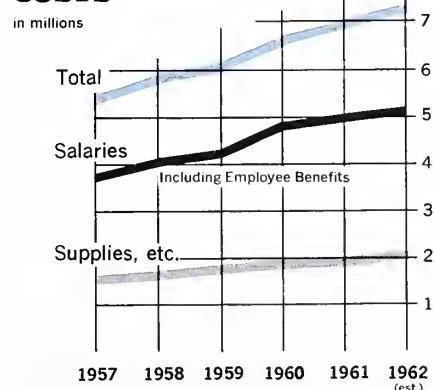


PATIENT ADMISSIONS



Ambulance Calls	8,691
Admissions	2,647
PRIVATE	4,381
SEMI-PRIVATE	3,992
WARD	
Percentage of Occupancy	87%

COSTS



ASSETS

CURRENT ASSETS:

	1961	1960
Cash	\$ 130,327	\$ 94,339
Investments—Bonds and stocks, at cost (market value—1961, \$312,754; 1960, \$311,415)	312,858	311,393
Accrued interest receivable	94,658	88,796
Accounts receivable: Patients' care (less reserve— 1961, \$231,768; 1960, \$208,590)	1,147,490	1,267,512
Other	32,219	23,500
Supplies, prepaid insurance, etc.	<u>118,379</u>	<u>120,018</u>
Total current assets	<u>\$ 1,835,931</u>	<u>\$ 1,905,558</u>

PLANT ASSETS:

Land and land improvements, at cost.....	\$ 323,355	\$ 323,355
Buildings and equipment, at cost (less depreciation—1961, \$4,537,511; 1960, \$4,132,585)	6,792,803	7,036,193
Construction in progress (Note 2).....	<u>4,449,337</u>	<u>2,490,791</u>
Total plant assets.....	<u>\$11,565,495</u>	<u>\$ 9,850,339</u>
Total	<u>\$13,401,426</u>	<u>\$11,755,897</u>

ASSETS OF ENDOWMENT AND OTHER FUNDS:

Cash	\$ 514,084	\$ 282,128
Investment, at cost: Bonds and stocks (market value; 1961, \$15,213,200; 1960, \$15,175,133)	12,833,655	13,628,984
Notes receivable, etc.	1,765,406	450,000
Mortgages receivable and real estate	149,563	151,500
Accrued interest receivable.....	59,997	50,385
Total	<u>\$15,322,705</u>	<u>\$14,562,997</u>
TOTAL ASSETS	<u>\$28,724,131</u>	<u>\$26,318,894</u>

NOTES:

1. Certain amounts at December 31, 1960, as previously reported, have been reclassified in the above balance sheet

to conform to classifications used at December 31, 1961.
2. The Hospital is in process of constructing the Garrard

THE ROOSEVELT HOSPITAL BALANCE SHEET, DECEMBER 31, 1961 AND 1960

LIABILITIES and FUNDS

CURRENT LIABILITIES:

	1961	1960
Accounts payable	\$ 89,325	\$ 120,982
Accrued payroll and other expenses.....	200,127	181,137
Temporary Funds	<u>436,941</u>	<u>342,103</u>
Total current liabilities	<u>\$ 726,393</u>	<u>\$ 644,222</u>

GENERAL AND PLANT FUNDS

\$12,675,033	\$11,111,675
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Total	<u>\$13,401,426</u>	<u>\$11,755,897</u>
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ENDOWMENT AND OTHER FUNDS:

Special Funds:

Unrestricted Gifts and Legacies Fund.....	\$ 971,076	\$ 569,909
Stuart M. Crocker Educational Fund.....	1,032,790	1,043,476
Progress Fund	<u>4,595,185</u>	<u>5,118,861</u>
Total Special Funds.....	<u>\$ 6,599,051</u>	<u>\$ 6,732,246</u>
Endowment Funds	7,315,384	6,764,980
Funds for Replacement of Plant Assets.....	1,408,270	1,065,771
Total	<u>\$15,322,705</u>	<u>\$14,562,997</u>
TOTAL LIABILITIES and FUNDS	<u>\$28,724,131</u>	<u>\$26,318,894</u>

Winston Memorial Building. At December 31, 1961 expenditures on this project amounted to \$4,410,000; com-

mitments for future expenditures are approximately \$5,500,000.

STATEMENT OF CURRENT INCOME

THE ROOSEVELT HOSPITAL FOR THE YEARS ENDED DECEMBER 31, 1961 AND 1960

OPERATING INCOME:

	1961	1960
Patient care and services (see note).....	\$8,046,271	\$7,015,113
Other	<u>585,153</u>	<u>510,290</u>
Total	<u><u>\$8,631,424</u></u>	<u><u>\$7,525,403</u></u>
Less:		
Allowances and provision for doubtful accounts..	\$1,911,245	\$1,581,590
Associated Hospital Service allowance for capital costs (see note).....	<u>184,297</u>	<u> </u>
Total	<u><u>\$2,095,542</u></u>	<u><u>\$1,581,590</u></u>
Income available for operations....	<u><u>\$6,535,882</u></u>	<u><u>\$5,943,813</u></u>

OPERATING EXPENSE:

Professional, nursing, and special services.....	\$3,649,183	\$3,481,712
Outpatient service	385,060	361,369
Dietary	720,665	700,131
Household and property.....	1,011,703	989,423
Residence buildings	92,261	104,199
Administration	1,087,025	1,010,663
Provision for depreciation	<u>395,288</u>	<u>388,548</u>
Total operating expense	<u><u>\$7,341,185</u></u>	<u><u>\$7,036,045</u></u>
EXCESS OF OPERATING EXPENSE OVER INCOME..	<u>\$ 805,303</u>	<u>\$1,092,232</u>

OTHER INCOME:

Income from investments	\$ 418,090	\$ 426,819
United Hospital and Greater New York Fund grants..	133,999	155,601
Contributions	<u>95,862</u>	<u>138,162</u>
Total	<u><u>\$ 647,951</u></u>	<u><u>\$ 720,582</u></u>

DEFICIT CHARGED TO GENERAL AND PLANT FUNDS

\$ 157,352 \$ 371,650

NOTE:

Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York the Hospital received a capital cost allowance of \$184,297 during 1961 as a part of its reimbursement for services rendered to AHS subscribers. The Hospital is required to maintain this allowance in a re-

stricted fund to be used only for equipment replacement or modernization and replacement of existing buildings. Accordingly, this allowance has been transferred to funds for replacement of plant assets.

SUMMARY of CHANGES in FUNDS

FOR THE YEAR ENDED DECEMBER 31, 1961

TEMPORARY FUNDS:	Balance, January 1, 1961	\$ 342,103
	Add: Contributions and legacies Income from investments Total	411,546 14,980 <u>\$ 768,629</u>
	Deduct: Payments for patient care Salaries, supplies, etc. Transfers to: General and Plant Funds Special Funds Endowment Funds Total	61,355 186,285 13,846 28,760 41,442 <u>\$ 331,688</u> <u>\$ 436,941</u>
	Balance, December 31, 1961	<u>\$11,111,675</u>
GENERAL AND PLANT FUNDS:	Balance, January 1, 1961	\$ 11,111,675
	Add: Equipment acquisitions and building additions provided from: Temporary Funds Special Funds Funds for Replacement of Plant Assets Total	13,846 2,015,892 40,972 <u>\$13,182,385</u>
	Deduct: Excess of expense over income for the year 1961 Transfers to Special Funds Total	157,352 350,000 <u>\$ 507,352</u> <u>\$12,675,033</u>
	Balance, December 31, 1961	<u>\$ 6,732,246</u>
SPECIAL FUNDS:	Balance, January 1, 1961	\$ 6,732,246
	Add: Contributions and legacies Income from investments Transfers from: Temporary Funds General and Plant Funds Endowment Funds Total	1,339,032 222,904 28,760 350,000 35,000 <u>\$ 8,707,942</u>
	Deduct: Transfer to General and Plant Funds—equipment acquisitions and building additions. Grants, loans, and other Total	2,015,892 92,999 <u>\$ 2,108,891</u> <u>\$ 6,599,051</u>
	Balance, December 31, 1961	<u>\$ 6,764,980</u>
ENDOWMENT FUNDS:	Balance, January 1, 1961	\$ 6,764,980
	Add: Contributions and legacies Gains from investments sold or redeemed Transfers from Temporary Funds Total	365,342 178,620 41,442 <u>\$ 7,350,384</u>
	Deduct—Transfer to Special Funds	35,000
	Balance, December 31, 1961	<u>\$ 7,315,384</u>
FUNDS FOR REPLACEMENT OF PLANT ASSETS:	Balance, January 1, 1961	\$ 1,065,771
	Add: Income from investments Associated Hospital Service of New York—Capital Cost Allowance Other Total	184,691 184,297 14,483 <u>\$ 1,449,242</u>
	Deduct—Transfer to General and Plant Funds—expenditures for property and equipment	40,972
	Balance, December 31, 1961	<u>\$ 1,408,270</u>

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees of
The Roosevelt Hospital:

March 16, 1962

Dear Sirs:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1961 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1961 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours truly,

HASKINS & SELLS

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OTOLARYNGOLOGISTS

Charles C. Francis, M.D.

Fred J. Hunter, Jr., M.D.

John S. Lewis, M.D.

Hilton H. Stothers, M.D.

ASSISTANT ATTENDING

OTOLARYNGOLOGISTS

Felix DePinies, M.D.

Henry A. Rusch, Jr., M.D.

Roy T. Shultz, M.D.

JR. ASSISTANT ATTENDING

OTOLARYNGOLOGIST

Victor A. Romano, M.D.

Earl B. Brown, M.D., *Allergy*
 Harry C. Christie, M.D.⁽³⁾

William W. Field, M.D.⁽³⁾
 Charles C. Foote, M.D.⁽³⁾

Leo B. Halleran, M.D.⁽³⁾
 Valentine A. Hofmann, M.D.⁽³⁾

Wilbur B. Hurbut, M.D., *Dermatology*
 Daniel Hyman, M.D., *Dermatology*

Thomas P. Jacobs, M.D.
 Walter R. Kessler, M.D., *Allergy*

Norman W. MacLeod, M.D.⁽³⁾
 Myron C. Patterson, M.D.⁽³⁾

Albert C. Santy, M.D.⁽³⁾
 Henry G. Schaffeld, M.D.⁽³⁾

William B. Waterman, M.D.⁽³⁾
ASSISTANT ATTENDING PHYSICIANS

Lilian A. Boker, M.D., *Allergy*
 H. Beecher Chapin, M.D., *Allergy*

Sidney M. Cohen, M.D., *Neurology*
 Gabriel A. Covo, M.D.

James Ducey, M.D.
 A. Albert Goodman, M.D., *Allergy*

Frank E. Iaquinta, M.D.
 Arthur T. Mesereau, Jr., M.D.

Thomas T. Tamlyn, M.D.
 Robert B. Tator, M.D.

JR. ASSISTANT ATTENDING PHYSICIANS

John R. Edsall, M.B.
 Thomas C. Guthrie, M.D., *Neurology*

William M. Nicholas, M.D., *Allergy*
 Joseph L. O'Brien, M.D., *Neurology*

Thomas C. Scanlan, M.D.
 Herman Ziffer, M.D.

PEDIATRIC SERVICE

CHIEF OF PEDIATRICS

Edmund N. Joyner, III, M.D.*⁽³⁾

ATTENDING PEDIATRICIANS

Hedwig Koenig, M.D.
 John F. Landon, M.D.⁽³⁾

Agnes Wilson, M.D.⁽³⁾

⁽¹⁾ Resigned⁽²⁾ Leave of Absence⁽³⁾ Member of the Medical Board

ASSOCIATE ATTENDING PEDIATRICIAN
Umberto Stefano, M.D.⁽²⁾
ASSISTANT ATTENDING PEDIATRICIANS
Charles Bauer, M.D.
Claudia E. Cambria, M.D.
Alan P. DeMayo, M.D.
Margaret Kugler, M.D.
Aaron G. Meislin, M.D.
Lucie L. Rudd, M.D.
Evelyn D. Schmidt, M.D.⁽²⁾

PSYCHIATRIC SERVICE

CHIEF OF PSYCHIATRY
Robert W. Laidlaw, M.D.⁽²⁾
ATTENDING PSYCHIATRISTS
Jan Ehrenwald, M.D.⁽²⁾

Justin L. Greene, M.D.⁽³⁾
Bernard L. Pacella, M.D.
ASSOCIATE ATTENDING PSYCHIATRISTS
Sophie Bookhalter, M.D.
Ralph W. Clemmons, M.D.
E. Alden Ellison, M.D.
Stephen W. Kempster, M.D.
Edward W. Kloth, M.D.
Francisco Merino, M.D.
Robert S. Mumford, M.D.
Harry R. Potter, M.D.
Burton B. Steel, M.D.
Virginia N. Wilking, M.D.
Bernard Zuger, M.D.
ASSISTANT ATTENDING PSYCHIATRISTS
Barre Alan, M.D.

Robert C. Ascher, M.D.
Arline C. Caldwell, M.D.
Alvin H. Goff, M.D.
Anthony Jimenez, M.D.
Robert L. Meineker, M.D.
George Serban, M.D.
James W. Watson, M.D.
JR. ASSISTANT
ATTENDING PSYCHIATRISTS
Arthur N. Avella, M.D.
Stuart L. Keill, M.D.

ASSOCIATE ATTENDING PATHOLOGISTS
Irving Seidman, M.D.
Marianne Wolff, M.D.

DEPARTMENT OF PHYSICAL MEDICINE
ASSOCIATE ATTENDING PHYSIATRIST
Jane R. Winer, M.D.⁽³⁾

DEPARTMENT OF RADIOLOGY

ATTENDING RADIDLOGIST
Albert A. Dunn, Jr., M.D.⁽²⁾
ASSISTANT ATTENDING RADIOLOGISTS
Arthur I. Hutner, M.D.
Albert F. Keegan, M.D.⁽¹⁾
Sabino J. Rizzo, M.D.
Louis Sanfilippo, M.D.

—VISITING MEDICAL STAFF OF THE OUT-PATIENT DEPARTMENT—

**Surgery and
Surgical Specialties**

Surgical Clinic

CHIEF
Joseph M. Ford, M.D.⁽³⁾
ATTENDINGS
Lowyd W. R. Ballantyne, Jr., M.D.
John T. Brennan, Jr., M.D.
Rolla Campbell, M.D.
William H. Cassebaum, M.D.⁽³⁾
Frederic H. Deutsch, M.D., *Ophthal.*
Thomas J. Dring, M.D.
Howard S. Dunbar, M.D.⁽³⁾
Lee Gillette, M.D.
Robert A. Hinrichs, M.D.
Henry A. Kingsbury, M.D.⁽³⁾
Adrian M. Lambert, M.D.⁽³⁾
J. William Littler, M.D.⁽³⁾
James A. Macdonald, M.D.
J. Beall Rodgers, M.D.
R. David Sudarsky, M.D., *Ophthal.*
Walter A. Wichern, Jr., M.D.
CLINICAL ASSISTANTS
David M. Carberry, M.D.
Martin C. Rogers, M.D.
H. G. Sandvoss, M.D.

Breast Clinic

CHIEF
R. Sterling Mueller, M.D.⁽³⁾
ATTENDING
J. Beall Rodgers, M.D.

Dental Clinic

CHIEF
Andrew M. Linz, D.D.S.
ATTENDING
Paul Duxbury, D.D.S.
ASSISTANT ATTENDINGS
Melvin N. Blake, D.D.S.
Frank Dawson, D.D.S.
John Doscher, D.D.S.
John Duxbury, D.D.S.
Charles Hillyer, D.D.S.
CLINICAL ASSISTANTS
Edward B. Armstrong, D.D.S.
George K. Brazil, Jr., D.D.S.
Herman W. Frankel, D.D.S.
Harold Silver, D.D.S.

Fracture Clinic

CHIEF
William H. Cassebaum, M.D.⁽³⁾

Gastro-Intestinal Clinic

CO-chiefs
Robert B. Tator, M.D.
James E. Thompson, M.D.⁽³⁾
ATTENDINGS
Lee Gillette, M.D.
Lester Honig, M.D., *Med.*
Henry A. Kingsbury, M.D.⁽³⁾
R. Sterling Mueller, M.D.⁽³⁾
Charles F. Stewart, M.D.⁽³⁾
T. Scudder Winslow, M.D.⁽³⁾

NEUROSURGERY

CHIEF
Howard S. Dunbar, M.D.⁽³⁾
ASSISTANT ATTENDING
Robert W. Schick, M.D.

ORTHOPEDICS

CHIEF
Rolla Campbell, M.D.
ATTENDINGS
John T. Brennan, Jr., M.D.
Thomas J. Dring, M.D.
ASSISTANT ATTENDING
Peter LaMotte, M.D.

Plastic & Reconstructive Hand

CHIEF
J. William Littler, M.D.⁽³⁾
ATTENDINGS
Lowyd W. R. Ballantyne, Jr., M.D.
James A. Macdonald, M.D.

Podiatric Clinic

Mario F. Milette, Pod. D.
Hospital Staff

Rectal Clinic

CHIEF
Adrian M. Lambert, M.D.⁽³⁾
ATTENDING
Martin C. Rogers, M.D.

Thyroid Clinic

CHIEF
Henry A. Kingsbury, M.D.⁽³⁾
ATTENDING
Charles F. Stewart, M.D.⁽³⁾

Vascular Clinic

Including Varicose Vein
CHIEF
Charles F. Stewart, M.D.⁽³⁾

ATTENDINGS

Joseph M. Ford, M.D.⁽³⁾
Walter A. Wichern, Jr., M.D.⁽³⁾
ASSISTANT ATTENDING
John T. Brennan, Jr., M.D.

GYNECOLOGICAL

Gynecological Clinic
CHIEF

Barbara J. Logan, M.D.⁽³⁾
ATTENDING
David B. Crawford, Jr., M.D.
ASSISTANT ATTENDINGS
Margot Ammann, M.D.
Anwar J. Hanania, M.D.
Ruth A. MacLean, M.D.

Cytology Clinic

CHIEF
David B. Crawford, Jr., M.D.

Sterility Clinic

CHIEF
Barbara J. Logan, M.D.⁽³⁾

UROLOGICAL

Urology Clinic

CHIEF
Perrin B. Snyder, M.D.⁽³⁾
ASSISTANT ATTENDINGS
Leonard Hallock, M.D.
William J. Nelson, M.D.
Robert D. Wickham, M.D.

OTOLARYNGOLOGICAL

Otolaryngological Clinic

CHIEF
Hugh P. Davis, M.D.⁽³⁾
ATTENDINGS
Charles C. Francis, M.D.
John S. Lewis, M.D.
Hilton H. Stothers, M.D.
ASSISTANT ATTENDINGS
Felix DePinies, M.D.
Henry A. Rusch, Jr., M.D.
Roy T. Shults, M.D.
Victor A. Romano, M.D.

Bronchoscopic Clinic

CHIEF
George R. Brighton, M.D.⁽¹⁾
ATTENDINGS
Fred J. Hunter, Jr., M.D.

Hilton H. Stothers, M.D.
ASSISTANT ATTENDING
Roy T. Shults, M.D.

Rhinoplastic Clinic

CHIEF
Fred J. Hunter, Jr., M.D.
ATTENDING
Roy T. Shults, M.D.
ASSISTANT ATTENDING
John S. Lewis, M.D.

Hearing

CO-chiefs
John S. Lewis, M.D.
Roy T. Shults, M.D.
ASSISTANT ATTENDING
Felix DePinies, M.D.

**Medicine and
Medical Specialties**

MEDICAL SERVICE

Medical Clinic

CD-chiefs
Leo B. Halloran, M.D.⁽³⁾
Henry G. Schaffeld, M.D.⁽³⁾
ATTENDINGS
James Ducey, M.D.
John R. Edsall, M.B.
William W. Field, M.D.⁽³⁾
Charles H. Goodsell, M.D.
Valentine A. Hofmann, M.D.⁽³⁾
Walter Liebling, M.D.
Leon Merkin, M.D.
Arthur T. Mesereau, Jr., M.D.
Thomas C. Scanlan, M.D.
M. William Spickler, M.D.
Thomas T. Tamlyn, M.D.
Robert B. Tator, M.D.
William B. Waterman, M.D.⁽³⁾
Herman Ziffer, M.D.
ASSISTANT ATTENDINGS
Horace B. Chapin, M.D.
Gabriel A. Covo, M.D.
H. Harold Gelfand, M.D.
Frank E. Iaquinta, M.D.
Frank A. Seixas, M.D.
Charles F. Spalding, M.D.
CLINICAL ASSISTANTS
Kenneth A. Altman, M.D.
Peter DeNesnera, M.D.
Thomas Gellert, M.D.
Bernard Jaslowitz, M.D.

Sheldon Weiner, M.D.
Gerald Weintraub, M.D.
A. Lee Winston, M.D.

Arthritis Clinic

CHIEF
Cornelius Traeger, M.D.
ATTENDINGS
Valentine A. Hofmann, M.D.⁽³⁾
William B. Waterman, M.D.⁽³⁾

Cardiac Adult Clinic

CHIEF
William H. Button, Jr., M.D.⁽³⁾
ASSISTANT CHIEF
Thomas P. Jacobs, M.D.
ATTENDINGS
William W. Field, M.D.⁽³⁾
Charles C. Foote, M.D.⁽³⁾
Frank E. Iaquinta, M.D.
Walter Liebling, M.D.
Myron C. Patterson, M.D.*⁽³⁾
Harry R. Potter, M.D., *Psych.*
David D. Stowell, M.D.
ASSISTANT ATTENDINGS
Gabriel A. Covo, M.D.
Ronald Giovannelli, M.D.
Eric D. Savage, M.D.
Herman Ziffer, M.D.

Chest Clinic

CHIEF
Henry G. Schaffeld, M.D.⁽³⁾
ATTENDING
John R. Edsall, M.B.

Dermatology Clinic

CHIEF
Royal M. Montgomery, M.D.⁽³⁾
ATTENDINGS
Wilbur B. Hurlbut, M.D.
Daniel Hyman, M.D.
ASSISTANT ATTENDING
Frank Garai, M.D.
CLINICAL ASSISTANTS
Herbert M. Sinakin, M.D.
William R. Walsh, M.D.

Diabetic Clinic

CHIEF
Leo B. Halleran, M.D.⁽³⁾
ATTENDINGS
Norman W. MacLeod, M.D.⁽³⁾
Arthur T. Mesereau, Jr., M.D.
Edward W. Smith, M.D., *Ophthal.*⁽¹⁾
ASSISTANT ATTENDING
William F. Regan, Jr., M.D., *Ophthal.*⁽¹⁾

Endocrinology Clinic

ATTENDING
Herman Ziffer, M.D.

Hematology Clinic

CHIEF
Kenneth T. Donaldson, M.D.⁽³⁾
ASSISTANT ATTENDINGS
Frank A. Seixas, M.D.
R. Wendall Ward, M.D.

Neurology Clinic

CHIEF
Sidney M. Cohen, M.D.
ATTENDINGS
Thomas C. Guthrie, M.D.
Joseph L. O'Brien, M.D.

Institute of Allergy

CHIEF
William B. Sherman, M.D.⁽³⁾
CHIEF, ENT
R. Clark Grove, M.D.*⁽³⁾
ATTENDINGS
James H. Barnard, M.D.⁽³⁾
Earl B. Brown, M.D.
A. Albert Goodman, M.D.
Walter R. Kessler, M.D.
Louis Sternberg, M.D.
ASSISTANT ATTENDINGS
Otelia J. Bengtsson, M.D.
Lilian A. Boker, M.D.
H. Beecher Chapin, M.D.
CLINICAL ASSISTANTS
Harold Bedell, M.D.
Winifred Bronson, M.D.
Walter M. Chemris, M.D.

Leoni Claman, M.D.
Joseph I. Epstein, M.D.
H. Harold Gelfand, M.D.
Bernard Goldberg, M.D.
Rubin Grossman, M.D.
Henry F. Harris, M.D.
Harry Kaplan, M.D.
Robert S. Karol, M.D.
William M. Nicholas, M.D.
William J. Pfium, M.D.
Henry Sherwood, M.D.
Harry Swartz, M.D.
Irving H. Uvitsky, M.D.
Stanley M. Vickers, M.D.

PEDIATRICS

Pediatric Clinic
CHIEF
Umberto Stefano, M.D.⁽²⁾
ATTENDING
Hedwig Koenig, M.D.
ASSISTANT ATTENDINGS
Claudia E. Cambria, M.D.
Ana Navarro, M.D.
Lucie Rudd, M.D.

Cardiac Clinic

CHIEF
Charles A. Bertrand, M.D.
ASSISTANT ATTENDING
Evelyn Schmidt, M.D.⁽²⁾

Well-Baby Clinic

CHIEF
Umberto Stefano, M.D.⁽²⁾
ASSISTANT ATTENDING
Evelyn Schmidt, M.D.⁽²⁾

PSYCHIATRIC SERVICE

Psychiatric Adult Clinic
CHIEF
Jan Ehrenwald, M.D.⁽³⁾
ATTENDINGS
Sophie Bookhalter, M.D.
E. Alden Ellison, M.D.
Stephen W. Kempster, M.D.
Edward W. Kloth, M.D.
Francisco Merino, M.D.

Robert S. Mumford, M.D.
Harry R. Potter, M.D.
Bernard Zuger, M.D.
ASSISTANT ATTENDINGS
Robert C. Ascher, M.D.
Arthur N. Avella, M.D.
Anthony Jimenez, M.D.
Stuart L. Keill, M.D.
Robert L. Meineker, M.D.
George Serban, M.D.
James W. Watson, M.D.

Psychiatric Child Clinic

CHIEF
Justin L. Greene, M.D.⁽³⁾
ATTENDING
Virginia N. Wilking, M.D.
ASSISTANT ATTENDINGS
Barre Alan, M.D.
Alvin H. Goff, M.D.

Psychiatric Adolescent Clinic

CHIEF
Burton B. Steel, M.D.
ATTENDING
Ralph W. Clemments, M.D.
ASSISTANT ATTENDING
Arlene C. Caldwell, M.D.

Adjunct Psychiatric Service

Hospital Staff
CHIEF CLINICAL PSYCHOLOGIST
Helen Thompson, Ph.D.
ASSOCIATE CLINICAL PSYCHOLOGISTS
James W. Bagby, Ph.D.
Herbert M. Ravin, Ph.D.
Barbara Goodman, Ph.D.
ASSISTANTS IN CLINICAL PSYCHOLOGY
Leonard Bachellis, M.S.
Martin Livingston, M.A., M.S.
CLINICAL PSYCHOTHERAPISTS
Siegfried Feiner, Ph.D.
H. Westman
READING THERAPIST
Marion Abel, M.A.
RESEARCH PSYCHOLOGIST
Kalman Rabinowitz, Ph.D.

1961 HOUSE STAFF

ALLERGY

FELLOW
Arsenio B. Vivera, M.D.⁽⁴⁾
RESIDENTS
William Cohen, M.D.
Gustavo O. Diaz, M.D.

Anthony Gerardi, M.D.
William B. Wood, M.D.

DENTAL SURGERY

INTERN
Theodore G. Griggs, III, D.D.S.

DERMATOLOGY

RESIDENT
Joseph Karlin, M.D.

GYNCOLOGY

RESIDENT
Carmine Spedalieri, M.D.
ASSISTANT RESIDENT
Anthony A. Deep, Jr., M.D.

MEDICINE

RESIDENT
David B. Littman, M.D.
1st ASSISTANT RESIDENTS
James C. Carver, Jr., M.D.
Thomas J. Degnan, M.D.
Emil Pascarelli, M.D.
Stanley G. Pomper, M.D.
William E. Reeves, M.D.
2nd ASSISTANT RESIDENTS
Antoine C. Harovas, M.D.
William E. Hermance, M.D.
Arthur Karanas, M.D.
Daniel L. Macken, M.D.
Charles J. Morosini, M.D.
Gerald F. O'Brien, M.D.
INTERNS
John A. Bennett, M.D.
Harry M. Friedland, M.D.
Edward B. Goldstein, M.D.
Joseph E. Magaro, M.D.

OTOLARYNGOLOGY

RESIDENT
Victor A. Romano, M.D.⁽⁴⁾
2no ASSISTANT RESIDENT
Abdel Kador Jan, M.D.

PATHOLOGY

RESIDENT
Eduardo Reyes, M.D.
ASSISTANT RESIDENT
Bozidar Lazarevic, M.D.

PEDIATRICS
RESIDENT
Guity E. Moghadam, M.D.
ASSISTANT RESIDENTS
Martha C. Baria, M.D.
Rosita G. Gregoria, M.D.

George B. Shepherd, M.D.
INTERN
Miryam Maltinskis, M.D.

PLASTIC & RECONSTRUCTIVE SURGERY

RESIDENTS
Milton Comer, M.D.⁽⁴⁾
Stephen Cooley, M.D.
Walter J. Meekings, Jr., M.D.
Frank P. Zimmer, Jr., M.D.

PSYCHIATRY

PART-TIME FELLOWS
Ruth Adams, M.D.
William Boyce, M.D.
David N. Levy, M.D.
Erwin Maurer, M.D.
Alvaro Rojas
RESIDENT
Maria C. Velez, M.D.

ASSISTANT RESIDENT
Melvin Sigman, M.D.⁽⁴⁾

RADIOLOGY
RESIDENTS
Neil Proshan, M.D.
Walter G. Weeks, M.D.
1st ASSISTANT RESIDENT
Henry Hertzberg, M.D.

SURGERY
RESIDENTS
John E. Crisp, M.D.

Thomas E. Federowicz, M.D.
Chin Bor Yeoh, M.D.
1st ASSISTANT RESIDENTS
Richard W. Brenner, M.D.
Daniel J. Collins, M.D.
Robert W. Sherry, M.D.
2nd ASSISTANT RESIDENTS
Frederick S. Baker, Jr., M.D.
John J. Jasaitis, M.D.
George McL. Lacy, M.D.
3rd ASSISTANT RESIDENTS
Thomas F. Coats, M.D.

Richard B. Clutz, M.D.
Henry F. Dawes, M.D.
Harold M. Dick, M.D.
G. Arnold Mulder, M.D.
Thomas M. Older, M.D.
Joseph L. Shaw, M.D.
E. Vernon Stabler, Jr., M.D.
INTERNS
Thomas H. Dailey, M.D.
Ronald Grimm, M.D.
Richard J. Hastings, M.D.
John A. Maxwell, M.D.

Willard J. Morse, Jr., M.D.
William L. Newmeyer, III, M.D.
James C. Parkes, M.D.
Luther M. Strayer III, M.D.

UROLOGY
1st ASSISTANT RESIDENT
Marvin H. Marx, M.D.

⁽⁴⁾ Completed training prior to December 31, 1961

⁽⁵⁾ Withdrew to enter military service

THE ROOSEVELT HOSPITAL

... is approved for intern and resident training by

The American College of Surgeons
The American Medical Association
The American Dental Association

... is accredited by

The Joint Commission on Accreditation of Hospitals

... is affiliated with

The College of Physicians and Surgeons, Columbia University

... is a member of

The American Hospital Association
The Hospital Association of New York State
The Greater New York Hospital Association
The Greater New York Fund
The United Hospital Fund

*... is a participating hospital in the Master Plan
for Hospitals and Related Facilities of*

The Hospital Council of Greater New York

THE ROOSEVELT HOSPITAL SCHOOL OF NURSING

... is approved by

The New York State Department of Education

... is fully accredited by

The National League for Nursing Accrediting Service

... is a member of

The Department of Diploma and Associate Degree
Programs of the National League for Nursing

WITH GRATITUDE and sincere personal thanks, the Board of Trustees of the Roosevelt Hospital acknowledges the unselfish contributions of time, energy and resources of all who have contributed during the past year to the hospital. Your gifts have made it possible for us to maintain our full community health role in the unfolding drama of human healing. If your friends or relatives wish to contribute to the hospital, the following forms of bequest and devise may be used:

FORM OF BEQUEST

I give and bequeath to The Roosevelt Hospital in the City of New York the sum of _____ dollars (\$) to be applied to the use and benefit of the said hospital, under the direction of the Trustees thereof.

FORM OF DEVISE

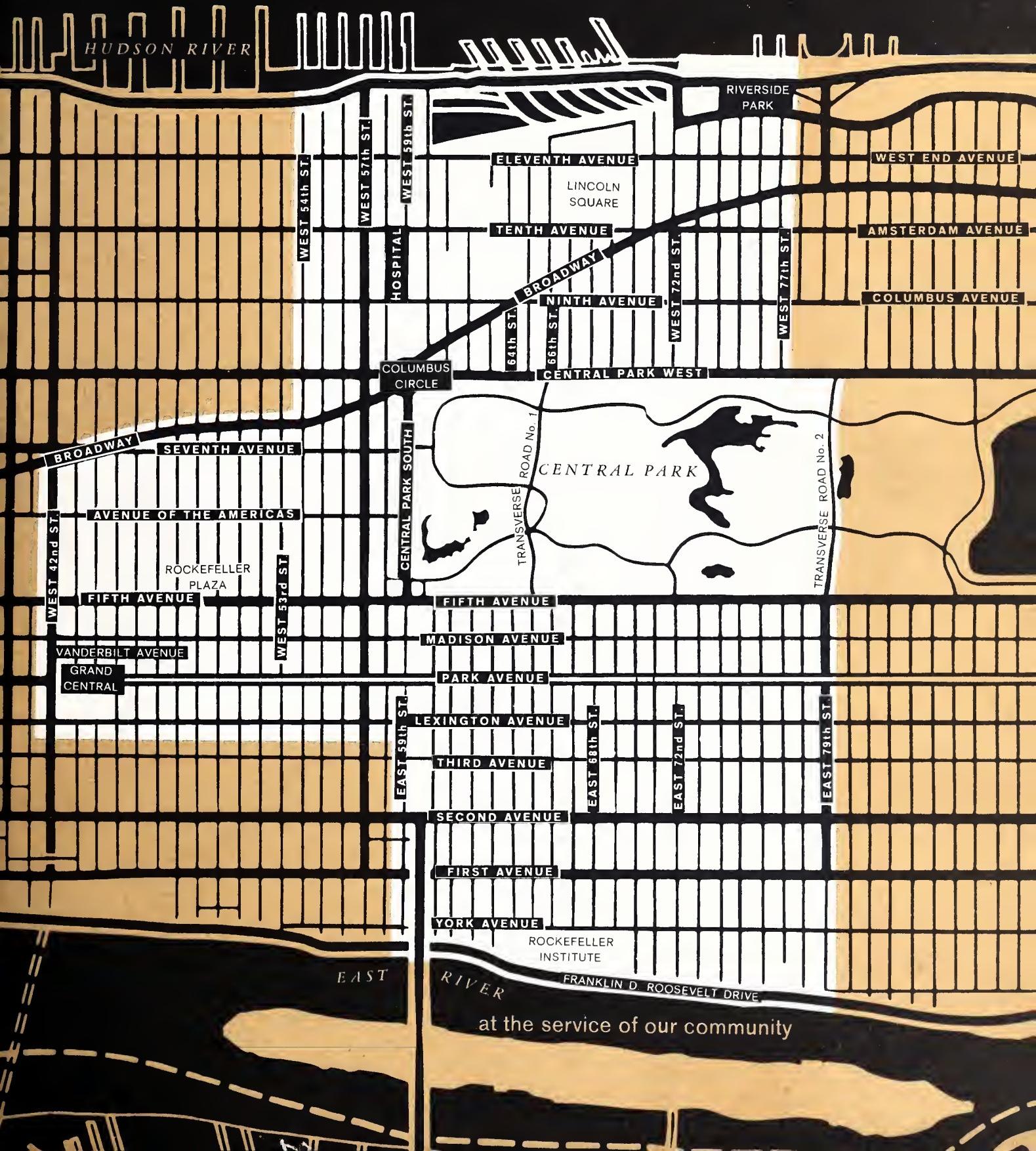
I give and devise to The Roosevelt Hospital in the City of New York all that, etc. (describe the property) to be had and holden to the said Roosevelt Hospital in the City of New York, its successors and assigns, for the use and benefit of the said hospital.





The Roosevelt Hospital

1962 Annual Report





1962 ANNUAL REPORT

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THE ROOSEVELT HOSPITAL

428 West 59th Street, New York 19, N. Y.



PRESIDENT'S REPORT

The Roosevelt Hospital is a general hospital with all the major specialties and most of the minor specialties represented. It is a strong teaching hospital with medical school affiliation. We are also engaged in basic and applied research.

A community hospital usually has only the four basic clinical departments, Medicine, Surgery, Obstetrics-Gynecology and Pediatrics, with internes receiving their training in these specialties. A medical center emphasizes the training of teachers and researchers, rather than practitioners, in all the specialties and sub-specialties. Roosevelt Hospital might be termed a "regional hospital" serving the community as one of its important medical care centers and one of the larger and major medical teaching resources of the city.

While the Trustees were occupied with pressing problems concerning the completion phase of the Garrard Winston Memorial Building, they were equally concerned with maintaining the excellence of patient care.

TWO-YEAR PROGRAM

Good nursing care is part of this excellence. An Ad Hoc Committee chaired by Mr. H. Whitfield Carhart in early 1962, and now headed by Mr. George Benington, made a thorough study of a two-year training program for the education of nurses in place of the traditional three-year diploma program. The faculty then framed a two-year curriculum which received both approval by the New York State Department of Education and commendation for its original plan. The new curriculum will go into effect with the incoming nurse trainees this September. A fifty percent increase in applications to the School is indicative of the enthusiastic response to the program change. To assure an inflow of student nurses our Trustees have spent long hours conferring with our Director of Nursing, Mrs. Eileen Scott, and her faculty.

We shall miss the loyal interest and seasoned wisdom of Evelyn Fraser Stevens who died December 31, 1962, and who, before her retirement, devoted thirty years service to Roosevelt Hospital—the last seven of which she served as Directress of Nursing Service and Education.

RENOVATIONS MADE

Another decision made by the Trustees was the renovation and refurnishing of our nurses' residence at 410 West 58th Street. Our recruitment program of graduate nurses would not have been as successful as it was were we not able to offer attractive living quarters.

Among problems brought to the Board during 1962 was the need for physical changes in the Emergency Department, especially such as would

relieve congestion in the corridor of the treatment area which sees an average of 125 patients each day. Realizing the value of unimpeded medical attention where emergency care is concerned, funds were allocated for correction of this situation. Waiting accommodations were changed, a new entrance constructed, a room set aside for emergency psychiatric treatment and arrangements made for the opening of a separate and new pediatric emergency room and waiting alcove, adjacent to the main area.

RENOVATIONS

These renovations were opportunely completed, for the Hospital recently, on approval of the New York City Department of Hospitals, incorporated into its ambulance district 130 additional city blocks on the east side of Manhattan because of the closing of Grand Central Hospital and the ambulance service it maintained.

Roosevelt ambulances now cover Midtown Manhattan, from the Hudson to the East River. Northern borders are West 74th Street and East 79th Street, and southern borders are West 54th Street, 42nd Street between Broadway and Lexington Avenue and East 59th Street.

Financially, the Hospital had a good year, relatively speaking. This can be attributed to several factors, among them additional revenue received from Associated Hospital Service through a reimbursement formula which more nearly meets the cost of care of patients carrying this type of insurance. Similarly, increased payments from the City of New York for hospital services rendered its patients helped our financial situation.

INCREASED COSTS

Nevertheless, on January 1, 1962, and again on February 1, 1963, it was necessary to increase room rates because of higher salary and wage costs. We were successful in holding overall costs to a reasonable percentage increase by handling a greater load of patients with fewer personnel.

It is with deep gratitude that I can report that the \$12,500,000 goal of the Progress Fund was recently reached when the 3,657th gift was received, bringing the total to \$12,509,433. On behalf of the entire Roosevelt family, I would like to express our thanks and appreciation for these gifts that have made this effort such a successful one. Donations have come from former patients, foundations, business firms, doctors, nurses, employees, women volunteers, trustees and other friends of the Hospital. Substantial grants from foundations have been a major factor in reaching the goal. The Monell Foundation awarded \$1,250,000, the Avalon Foundation, \$1,011,021, the Booth Ferris Foundation, \$520,000, the James Foundation, \$275,000, and the New York Foundation, \$100,000.

INCREASED CAPACITY

The means thus provided Roosevelt are being used to increase its bed capacity by 40 percent, to add eight additional operating rooms, new obstetrical and eye services, clinical and research laboratories, and to expand existing facilities. Thus the Hospital can keep pace with growing demands and attract topflight men and women to work with better equipment, better laboratories and improved space for the advance of medical science. Such voluntary support for a voluntary hospital is recorded with deep appreciation.

Members of the Board of Trustees, the Volunteer Committee and the Medical Staff again participated in the Annual United Hospital Fund campaign. A total of \$87,848 was raised under the leadership of Mr. W. Lawrence McLane, Mrs. Howard C. Adams and Dr. R. Sterling Mueller.

I have spoken mostly of financial decisions made by the Board.

Mr. Henry C. Brunie's Ad Hoc Committee of doctors and Trustees reached a policy decision regarding a full time Director of Medicine.

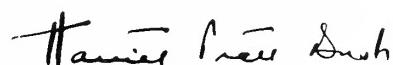
The Hospital lost, during the year, a great friend by the death of Mr. Thomas W. Estes, who served with distinction as a member of the Board. Another Trustee, Mr. Gerrish H. Milliken, Jr., resigned to devote his time to other matters.

VOLUNTEER GROWTH

Our Volunteer services, under the devoted leadership of Mrs. James E. Thompson, have shown an extraordinary growth during 1962 in membership, hours given and the scope of duties undertaken. A new high enrollment by youth, members of business organizations and men of all ages in the Volunteer program is particularly indicative of the latitude of voluntary involvement in this Hospital.

The fine progress of the Hospital would not move forward without each one of the 1,200 employees making this progress their concern. Our thanks go to Mr. Terenzio and his associates for their skillful guidance and leadership in the management of the Hospital.

Doctors, professional staff, volunteers and trustees make Roosevelt Hospital what it is. I cannot thank them adequately. May I express special appreciation to Mr. George Roberts, Chairman of the Board, Mr. Jack I. Straus, Chairman of the Executive Committee, Dr. James E. Thompson, President of the Medical Board, and to Messrs. H. Whitfield Carhart, chairman, and George G. Walker, co-chairman of the Progress Fund, all of whom gave of their time and talent so unsparingly for Roosevelt.



Mrs. Donald F. Bush, President

ADMINISTRATION

In the attempt to review and measure the dynamics of this Hospital for the year 1962, the realization grows that our highest goals have their beginnings in the more distant past and are not necessarily reached in a future which ends neatly with a fiscal year. In this context, the year past has been full of achievements comprising a portion of our highest objectives.

Like all hospitals, for several years we have been confronted with a severe shortage of nurses, a formidable problem, indeed. But, in the past year, backed and encouraged by the Trustees, we conducted an intensive recruitment program which proved to be most successful. Concurrently we made extensive renovations throughout our Hospital-owned apartment building to create attractive and comfortable living quarters for the nurses, the Residents and their families.

DATA PROCESSING

A development with far-reaching implications—now and for the future—was the installation of electronic data processing equipment. Because the programming for various applications was not completed until late in the year, we have not as yet been able to fully assess the benefits of this kind of automation. We are confident, however, this sophisticated equipment will not only revolutionize our day-to-day operations, but provide invaluable data on Hospital matters heretofore unobtainable or obscure. The possibilities are without limit.

DRUG CONTROL

Another forward step was in the introduction of the Brewer drug dispensing and control system throughout all patient floors. This ingenious device—Roosevelt is the first of the New York area hospitals to install it—not only insures accuracy in drug medication but in record-keeping as well. We are convinced, through careful study and thorough investigation of the equipment extending over several years, that it will result in lower drug costs for both the patient and the Hospital.

Still another innovation was the radio page system which provides instantaneous transmittal of vital and urgent communications to doctors and key Hospital personnel without disturbing patients or others.



Cognizant that the most valuable asset of the Hospital is the calibre and efficiency of its employees, we moved with vigor to improve employee relations, our objective to create a new climate of job understanding and job satisfactions.

To this end, and after exhaustive planning and preparation, we developed a comprehensive job description and job evaluation system which now forms the keystone of our personnel policies; it represents a major undertaking.

MANAGEMENT GOAL

Meaningful in itself, the project was equally or perhaps even more potent in promoting a goal of management in this Hospital—that of engendering among supervisory and departmental heads the concept that they are expected to take an active role in formulating general Hospital policies as well as executing them.

By the very scope of the project and its *modus-operandi*, they were at once compelled to think, make judgments, weigh and reach decisions from the viewpoint of the Hospital as an entity in contrast to a segmental or compartmentalized viewpoint. This unique experience was invaluable for this group of managers.

The evaluation process, extending through several months, disclosed some inequities with respect to reimbursement for hospital skills required and work performed. These situations were corrected. In addition, wage scales in certain ancillary services were raised.

EMPLOYEE RELATIONS

We strengthened our employee relations in still other ways. Each new group of employees now receives a general indoctrination on the functioning of the Hospital together with a conducted tour through the premises by the Personnel Department. A pension plan was instituted and with the expectation it will eventually become broadened to include greater benefits.

In the awareness that the vital Medical Records section must remain in pace with increasing demands thrust upon it, the Administration gave this department special attention in 1962. On the advice of consultants, certain procedural changes were made, new equipment installed and some additional space provided. Insufficient space remains a basic problem here. This situation will be relieved in due course.

Extensive alterations were made in the Emergency section of the Hospital, particularly in the former Observation Ward. These included air-conditioning throughout, new flooring and general renovations. Improvements and changes were made to accommodate a new Pediatric emergency room, separated from the general adult emergency treatment area; new quarters for Room 100 (insurance compensation records); temporary space for the Upjohn Gastrointestinal Clinic pending relocation elsewhere.

SAFETY PROGRAMS

Ever-mindful of our responsibilities for the safety of patients and employees, we re-studied our on-going fire prevention and panic control program. Improvements were sought and made. Among these was the installation of a stand-by diesel engine generating 300 kilowatts and providing emergency electricity in critical areas of the Hospital should it sustain a general power failure from its regular source.

The task of administering an institution as complex as the modern hospital requires the support and help of many, many people. I cannot conclude this report without giving my sincerest thanks to Mrs. Bush and Mr. Straus for their understanding and assistance, to Dr. Thompson for his cooperation and to my associates and assistants for their loyalty and hard work.



Peter B. Terenzio, Executive Vice President



MEDICAL BOARD

The Medical Staff during the year 1962 found itself occupied with many important hospital problems and activities, some of a continuing nature and others related to the future opening of the Winston Building later in 1963.

SPECIAL CARE UNIT

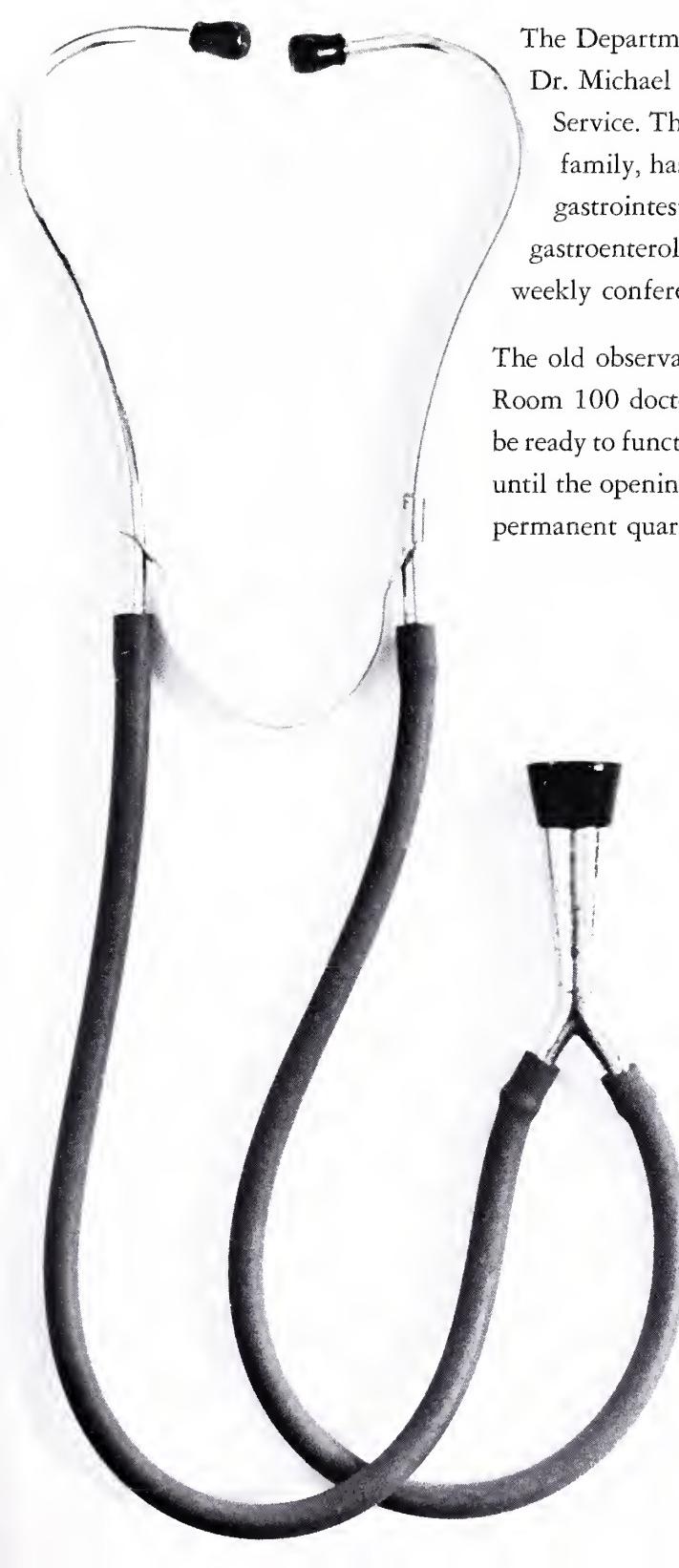
The Special Care Unit, which was opened on November 1st, 1960, completed its second full year of operation. We are firmly convinced of its value in saving lives. An important factor in its success has been the high standard of its nursing care, and the constant availability to the unit of a member of the Resident Staff. We urge that this phase of patient care continue to be given the high priority it presently enjoys. Eleven hundred and eighty two patients were treated in the unit during a twelve month period, representing problems evenly divided between medical and surgical services.

Placing critically ill patients in the Special Care Unit made it possible to close the observation ward, where, formerly, many of these patients were treated. These changes happened to be made when plans were in progress to carry out extensive renovations in the Emergency Department at the other end of the same floor. The appearance and efficiency of certain hospital functions have been greatly improved by these architectural and operational changes on the ground floor of the Russell Building.

EMERGENCY DEPARTMENT

The Emergency Department itself has been completely modernized with a new entrance, air-conditioning and new tiling on the floors and walls. Prolonged patient waiting time has been markedly reduced and the number of patients seen in a 24 hour period is constantly increasing. On the average, about 125 patients are seen and treated each day in this Emergency Department.

An Emergency Psychiatric Clinic has been installed, with a psychiatrist on 24-hour call and whose consulting room is adjacent to the admitting area. This service is running smoothly and has proven to be a great success.



The novel concept of a Pediatric Emergency Area adjacent to the main department, will soon be realized as a functioning unit. Although the children and parents will register in the usual fashion, they will be sent to an isolated waiting area beyond the main "Accident Room." Here the children can be seen and treated in a less terrifying atmosphere, and in actual fact the decor of one of the treatment rooms includes alternating pink and white neon tubes in the overhead lighting fixtures.

The Department of Medicine was most fortunate in adding to its staff, Dr. Michael J. Lepore, who also is Director of the Upjohn Gastrointestinal Service. This service, which is amply endowed by members of the Upjohn family, has as its prime function clinical research in the field of gastrointestinal diseases. Dr. Lepore's interests encompass the whole field of gastroenterology, and he has an enthusiasm for teaching that has made his weekly conferences popular with both the residents and the medical students.

The old observation ward on the first floor was renovated to house the Room 100 doctors' offices and, temporarily, the Upjohn Clinic. This area will be ready to function early in 1963, and will be jointly used by the Upjohn Clinic until the opening of the Winston Building allows work to proceed on its permanent quarters in the Tower Building.



RECORDS IMPROVED

The Medical Records Department has been undergoing complete reorganization with the aid of a Medical Records Consultant. Our staff has made every effort to keep records up to date, and in such form as to be acceptable to the Joint Commission on Accreditation of Hospitals. Our Cancer Registry was also completely reorganized this year. It is now called the B. Aubrey Schneider Cancer Registry. Its first annual report lists a total of 400 new cancer cases. Cases of previous years are also listed by survival, morbidity and mortality. The Registry was inspected by a representative of the American College of Surgeons and approved as acceptable for the regulation period of three years.

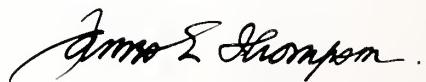
In the latter part of the year, the Medical Board authorized the formation of an intravenous team composed of one registered nurse and two technicians. This team has devoted itself exclusively to private and semi-private patients. It commences infusions and collects blood specimens for the laboratory. The intravenous team has proven most satisfactory. The patients are happier, and the laboratory feels that the new method is more efficient than the previous one. It is planned to continue indefinitely with this team, and possibly expand its scope in the future.

RESEARCH PROGRESS

Research activities of the hospital were greatly stimulated by the appointment of Dr. Herman Ziffer as full-time Director of Medical Research. It will be Dr. Ziffer's responsibility to direct and coordinate research within the Department of Medicine. Recommendations also have been made for the appointment of a director of research activities within the Department of Surgery. It is anticipated that research opportunities will be thus enhanced and that other staff members will be encouraged to participate when the laboratories are available in the new Winston Building.

The Department of Surgery and the various surgical specialties had a busy year. A total of 6,055 operations was performed; the Department of Anaesthesia anaesthetized 5,832 patients.

Much has been accomplished by the Medical Staff during the year 1962. I wish to thank the members of the Medical Board for their fine cooperation. In particular I am grateful to the chairman of the different committees who have worked so hard and to such good purpose to fulfill their tasks, and to the Board of Trustees I wish to express our appreciation for your unfailing interest in the hospital problems and your generosity in devoting so much time to their solution.



James E. Thompson, M.D., President



MEDICAL PROGRESS AT ROOSEVELT

1957

One thousand-curie cobalt unit for treatment of cancer and allied diseases.

Cardio-pulmonary laboratory—diagnosis and evaluation of disorders of heart, circulatory system and lungs.

Outpatient Department—3 Psychiatric Clinics—group therapy for adolescents, adults, parents of emotionally disturbed children.

National League for Nursing Accrediting Service — full accreditation — School of Nursing.

1958

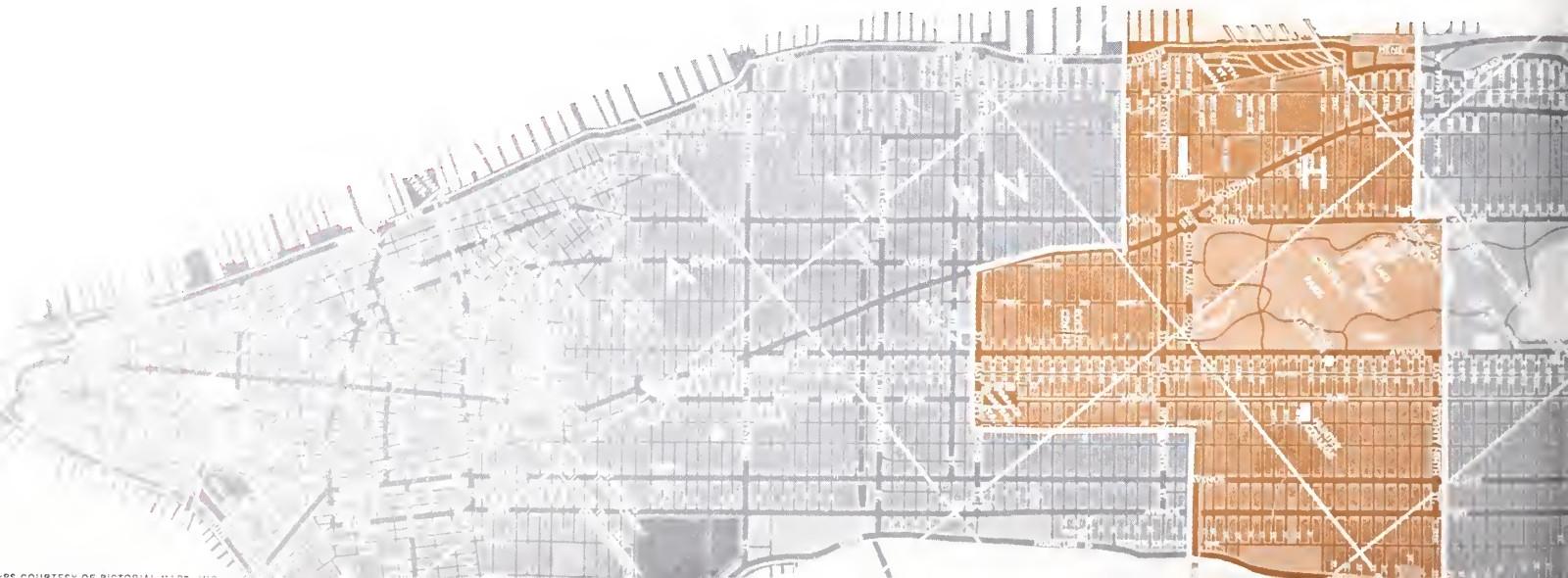
Decision to add Obstetrical Service and employ full-time Director of Obstetrics and Gynecology.

Decision to complete 12-story addition in one stage.

Training program for nursing assistants.

1959

Laboratory for experimental surgical research under direction of Dr. J. Maxwell Chamberlain. Led to first open heart operation at Roosevelt, March, 1961.



1960

Institute of Allergy initiated repository therapy for hay fever. Experimental stage—one or two injections rather than weekly treatment.

Special Care Unit—round the clock observation for critically ill.

1961

24-hour Emergency Psychiatric Service.

School of Nursing—new high in enrollment—127 students.

Psychiatric Day Care Program for those who do not require full inpatient treatment and can not be treated as outpatients.

Dr. Edmund N. Joyner, III, named full-time Director of Pediatrics Department.

Two new Services—Obstetrics and Ophthalmology—Dr. A. C. Wadsworth, Chief of Ophthalmology; Dr. Ralph W. Gause, Chief of Obstetrics and Gynecology.

1962

Upjohn Gastrointestinal Service established, Dr. Michael J. Lepore, Director.

Dr. J. Beall Rogers appointed Director of Surgical Research.

Dr. Herman Ziffer appointed Director of Medical Research.

1963

Progress Fund successfully concluded, \$12,509,433 raised.

Winston Building to be opened October 1, 1963.

Trustees approve establishment of School of Anesthesia for graduate nurses.

Medical Board and Trustees approve policy decision appointment of full-time Director of Medicine.



VOLUNTEERS

The year of 1962 marks another high point in the development of the Volunteer Services at The Roosevelt Hospital. In evidence is that 562 "in-service" volunteers gave a total of 59,024 hours, representing an increase over 1961 of 38.2 per cent in hours served, and 12.4 per cent in numbers.

Some volunteers worked as "out-service" volunteers. These include such groups as those from Christ Church Methodist, The Chapel of the Incarnation, Madison Avenue Presbyterian Church and the Elliot Neighbors Center. Within this category of volunteers were those groups and individuals who gave of their talents and services in behalf of fund drives which benefited the Hospital.

IMPRESSIVE SERVICE

These 175 "out-service" volunteers served a total of 1,700 hours, a gratifying record. Hence, these two main divisions of volunteers, "out-service" and "in-service"—comprising 737 in all—gave the impressive total of 60,724 hours of service to the Hospital.

One completely new volunteer feature begun in 1962 should be mentioned. It is known as the "Food Service Hostess" project. This much-needed and appreciated project assigns especially-trained volunteers (fourteen in 1962) who help certain patients select menus and who expedite the channeling of the proper diet selections as chosen.

The Constance McLane Mohun Free Patients' Library again had a most satisfactory year. It served 4,564 patients with 13,851 books and magazines through 205 volunteers.

MONEY RAISED

Profits from our participation in the Generosity Thrift Shop were \$11,626 which, with \$828 of income from other sources, gave us an asset of \$12,454. The Social Service Department and the Progress Fund were allocated \$2,203 and \$8,500 respectively, from this asset. The Volunteer Shop, which is under the supervision of the Volunteer Committee, contributed \$6,000 to the Committee, \$5,000 to the Progress Fund and \$1,500 to the Free Medical Care Fund. The Committee raised \$19,694 for the United Hospital Fund.

Proceeds from the Tenth Annual Ball of The Roses enabled the Free Medical Care Fund to receive \$40,115. Similarly, the "No Strings" Theatre Benefit of March 19th was the source of \$15,229 for the Progress Fund.

In assessing our year, those of us of the Committee privileged to serve in posts of leadership are keenly aware of the great debt of gratitude we owe to the Hospital volunteers. Their magnanimous gifts of time and service—impossible to compute in terms of self-sacrifice and devotion to tasks—will remain forever within the hearts of the patients whose stays with us were brightened by these outstanding men and women. We salute them—our volunteers.

Ethel B. Thompson

Mrs. James E. Thompson, *Chairman, Volunteer Committee*



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Vice-Chairman Mrs. Albert Lee Hawes
Recording Secretary Mrs. Rodney G. Fiske
Corresponding Secretary Mrs. J. Lenox Porter
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 Mrs. Howard A. Patterson
 Mrs. Harold L. Suttle
 Mrs. Norman L. Hope
 Mrs. Elizabeth Shaw Dreher
 Mrs. Charles W. Goodeve
 (Executive Committee consists of all the above)

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Mrs. Mabel Harding	Miss Catherine Lamb		Miss Shelly Newman	Mrs. Lee Slaughter	
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Miss Renee Harsnett	Miss Annette Landolfi		Miss Elvia Nieves	Miss Arlene Sliss	
Miss Naomi Haskell	Mrs. Edward Langer		Miss Nina Novak	Miss Yvonne Smallwood	
Miss Holly Hecht	Miss Diana R. Lanze		Mrs. Dolores Nundahl	Miss Lynn D. Smith	
Mrs. Ann M. Heimpel	Miss R. Lee Last			Miss Maureen Smith	
Miss Patricia A. Helbock	Miss Adele Lechner			Miss Victoria Smith	
Miss Jane Hendrickson	Miss Barbara F. Leech			Mr. George Sohm	
Mrs. Florence Hengstenberg	Miss Roslyn Leevy			Mrs. Dorothy Spier	
Miss Diana G. Hepbourn	Mr. Hyman Leffert			Mr. Benedict O'Keefe	
Mr. Jose R. Heredia	Miss Joann Leonard			Miss Elaine Rosen	
Miss Jill Herman	Miss Adair Leovy			Mr. Toby Rosen	
Miss Carmen Hernandez	Mrs. B. E. Levine			Miss Lyn Olsen	
Mr. Jacob Herskowitz	Mr. Sidney Levine			Miss Janet Olson	
Mr. Rudolf Herzberg	Miss Phyllis Levitt			Miss Peggy Opper	
Miss Argelia Hidalgo-Gato	Mrs. Mary F. Lewin			Miss Jean Opbris	
Miss Mary Jane Hill	Mrs. D. Liebmann			Mrs. E. B. Orcutt	
Mr. Paul Hindes	Miss Patricia Lifford			Miss Margaret Orschler	
Miss Ruth-Ellen Hinkley	Miss Lillian LiPetri			Miss Catherine O'Shea	
Miss Diana Hirsch	Miss Carmen-Laura Lopez			Mrs. Betty Ozanne	
Miss Ruth Hirsch	Miss Maxine Low				
Mrs. Allen Hofrichter	Miss Caryl H. Lowenstein				
Mr. Archibald R. Holderman	Mrs. K. Lucas				
Miss Joy Holland	Mrs. Lloyd Luders				
Miss Margaret Holly	Mrs. G. Hilmer Lundbeck				
Miss Audrey Honig	Miss Caroline Lynch				
Miss Dorothy Hopkins	Miss Ellen Lynch				
Miss Noreen Hopkins	Miss Kathleen Lynch				
Miss Beatrice Horowitz	Miss Anne Lyons				
Miss Ora Hubbard					
Mr. Thomas Hughes					
	Miss Joan McAllister				
	Miss Sharon McAuliffe				
	Miss Joyce McCormack				
	Mrs. B. W. McCready				
	Miss Margaret McDonagh				
	Miss Ann McFadden				
	Miss Margaret McLoughlin				
	Miss Helen McOuilen				
	Mrs. William G. MacDonald				
	Mr. Jose A. Machado				
	Mrs. Daniel L. Macken				
	Miss Linda Magel				
	Mrs. Zelda Magida				
	Miss Lydia Maldonado				
	Mrs. Charlotte Maltese				
	Mrs. Mildred Mann				
	Miss Charlotte Marchuck				
	Miss Bobbie Marcus				
	Mrs. M. Marcus				
	Mrs. Joseph Margulies				
	Miss Ronnie Markfield				
	Miss Esperanza Martell				
	Dr. Elsa Matos				
	Miss Gwendolyn Matthews				
	Miss Minnie Maurer				



PROGRESS FUND

Roosevelt Hospital has a tradition of 94 years of being a voluntary organization dedicated to medical progress. Its aim is to continually improve its role as a major community health resource, teaching and training doctors, nurses and staff so that through experience, education and research it can respond to the ever-increasing challenge for improved patient care. This takes men, women and money.

GOAL ACHIEVED

Roosevelt seeks to attract good men and women and to draw financial support by calling on those who are interested in humanly effective giving to help fill its needs. A goal in terms of money was set at \$12.5 million in 1960, raising previous objectives set in 1956 and again in 1958. This money was needed to add new facilities and to expand existing ones. This goal has now been realized. On May 8th, the 3,657th gift was received, bringing the total to \$12,509,433. The Hospital is now in a position to complete the construction and installation of the twelve story addition known as the Garrard Winston Memorial Building.

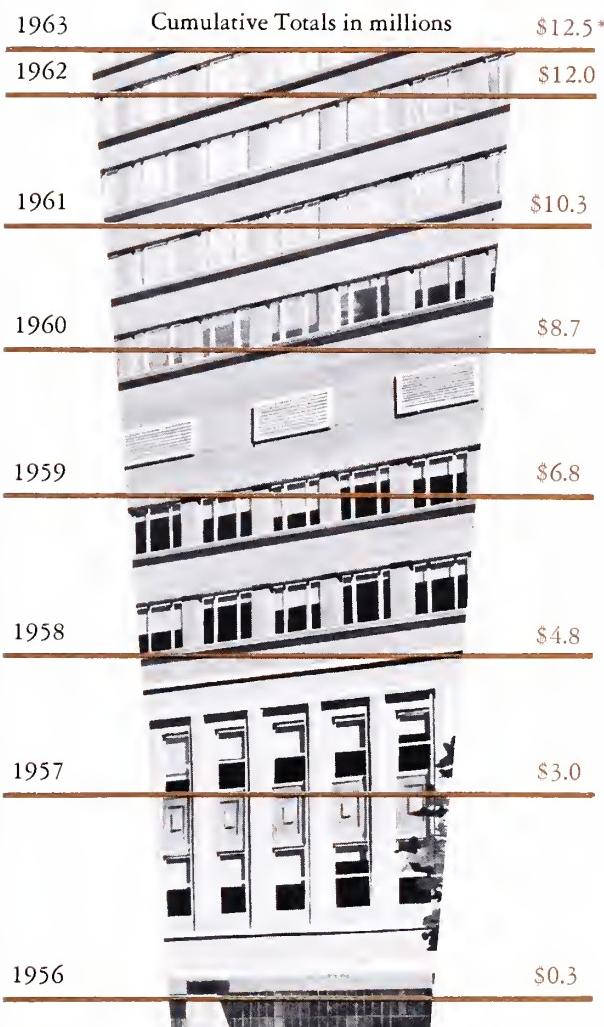
SUBSTANTIAL GRANTS

The source of the gifts to the Progress Fund and in the growth of the support for the Hospital since the Progress Fund was started in 1956, are shown below. Gifts have come from former patients, foundations, business enterprises, doctors, nurses, employees, women volunteers, trustees and other friends of the Hospital. Substantial grants from foundations have been a major factor in reaching the goal. The Monell Foundation awarded \$1,250,000, the Avalon Foundation, \$1,011,021, the Booth Ferris Foundation, \$520,000, the James Foundation, \$275,000 and the New York Foundation, \$100,000.

Some gifts have come from unexpected and most heartwarming sources. A large bequest came from the late Fritz Kreisler. The renowned violinist never forgot the fine treatment he received, when, as the result of an accident, he became a patient for 82 days. A nurse gave three weeks of her pay. A dietician asked whether she could volunteer beyond her own working hours so that the Hospital could save money towards the new building. She did so.

INCREASED CAPACITY

PROGRESS FUND



**\$12¹/₂
MILLION
GOAL**

*Goal achieved, May 8th, 1963

These gifts are being used to increase its bed capacity by 40 percent, to add eight additional operating rooms, new obstetrical and eye services, clinical and research laboratories, and to expand existing facilities. Thus the Hospital can keep pace with growing demands and attract topflight men and women to work with better equipment, better laboratories and improve space—all for the advance of medical science. The generosity of all donors marks an achievement of great encouragement to the Hospital's future as in the true sense the voluntary hospital like Roosevelt never reaches its goal.

Although the Progress Fund effort broadened its scope over the past few years and naturally reduced the support of annual gifts, it is stimulating to report that in 1962 annual gifts of \$113,112 were received from 771 donors, an increase of 22 percent over the previous year.

Roosevelt Hospital is grateful for this generosity and for that of its thousands of other friends. Such voluntary support for a voluntary hospital is recorded with deep appreciation of the desire of its friends and supporters that it remain voluntary and free yet conscious of its obligations to medicine and to the community.

ROOSEVELT HOSPITAL / PROGRESS FUND SOURCE OF FUNDS

Friends & Former Patients	\$ 3,353,665.20
Foundations	4,112,697.73
Corporations	994,560.05
Doctors & Alumni	796,427.40
Women's Committee—Volunteers . . .	243,791.30
Nurses & Other Employees	23,442.92
Trustees	2,984,848.42
	<hr/>
	\$12,509,433.02

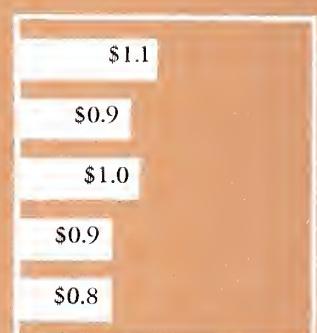
INCOME AND OPERATING LOSSES

in millions

PATIENT INCOME

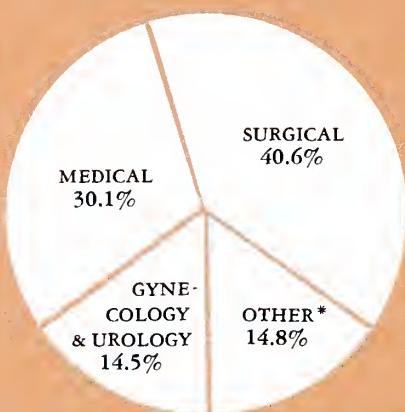


OPERATING LOSS



PATIENT ADMISSIONS

TOTAL 11,222



AMBULANCE CALLS 8,678

ADMISSIONS 2,662

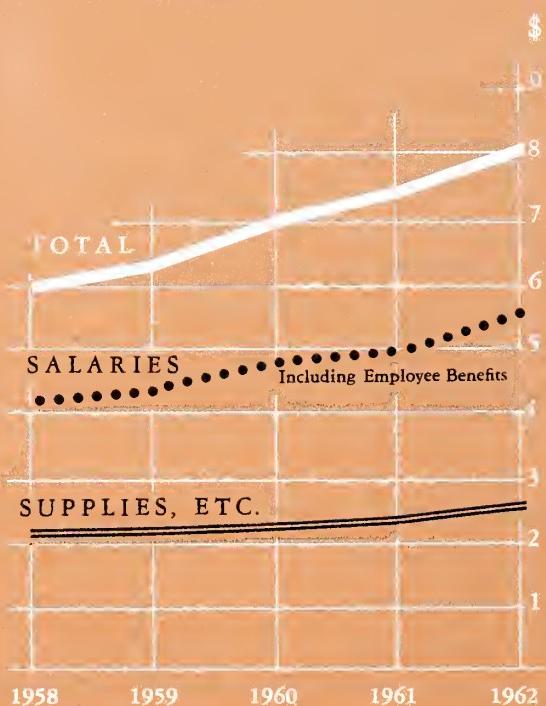
Private 4,700

Semi-Private 3,860

Ward 87%

PERCENTAGE OF OCCUPANCY

COSTS in millions



FINANCIAL HIGHLIGHTS

	1962	1958	% INCREASE (DECREASE)
INCOME			
Income from care of patients.....	\$6,574,000	\$4,447,000	47.8
Sundry operating income	\$ 606,000	\$ 545,000	11.2
COSTS			
Salaries	\$5,121,000	\$3,943,000	29.9
Employee benefits	\$ 300,000	\$ 129,000	132.6
Supplies and other expenses.....	\$2,173,000	\$1,694,000	28.3
Wear and tear of buildings and equipment...	\$ 407,000	\$ 369,000	10.3
LOSS			
Loss on operations including depreciation...	\$ 821,000	\$1,143,000	(28.2)
This loss was partially covered by—			
Income on endowments.....	\$ 458,000	\$ 266,000	72.2
Gifts and bequests for general operations...	\$ 273,000	\$ 331,000	(17.5)
<hr/>			
Days care rendered patients	142,274	137,596	3.4
Clinic and emergency visits.....	130,544	135,116	(3.4)
Patient admissions	11,222	10,534	6.5
Number of employees	1,184	1,263	(6.3)

THE ROOSEVELT HOSPITAL BALANCE SHEET,
ASSETS

	1962	1961
CURRENT ASSETS:		
Cash	\$ 120,498	\$ 130,327
Investments—Bonds and stocks, at cost (approximate market value—1962, \$453,000; 1961, \$313,000)	453,468	312,858
Accrued interest receivable	127,368	94,658
Accounts receivable:		
Patients' care (less reserve— 1962, \$263,488; 1961, \$231,768)	1,254,888	1,147,490
Other	38,820	32,219
Supplies, prepaid insurance, etc.	179,487	118,379
Total current assets	<u>\$ 2,174,529</u>	<u>\$ 1,835,931</u>
PLANT ASSETS:		
Land and land improvements, at cost	\$ 323,355	\$ 323,355
Buildings and equipment, at cost (less accumulated depreciation—1962, \$4,905,923; 1961, \$4,537,511)	6,587,822	6,792,803
Construction in progress (Note 2)	7,031,090	4,449,337
Total plant assets	<u>\$13,942,267</u>	<u>\$11,565,495</u>
Total	<u>\$16,116,796</u>	<u>\$13,401,426</u>
ENDOWMENT AND OTHER FUNDS:		
Cash	\$ 826,210	\$ 514,084
Investments, at cost:		
Time Deposits	2,950,519	
Bonds and stocks (approximate market value— 1962, \$11,954,000; 1961, \$15,213,000)	10,301,557	12,833,655
Notes receivable, etc.	763,315	1,765,406
Mortgages receivable and real estate	135,194	149,563
Accrued interest receivable	70,128	59,997
Total	<u>\$15,046,923</u>	<u>\$15,322,705</u>
TOTAL ASSETS	<u>\$31,163,719</u>	<u>\$28,724,131</u>

NOTES:

1. Effective July 1, 1962 the Hospital adopted a non-contributory retirement plan for qualified employees. Under specified conditions certain employees have the option of making contributions to the

plan. The Hospital may amend or terminate the plan at its option. Current and past service costs of the plan charged to income from the date of inception to December 31, 1962 amounted to

DECEMBER 31, 1962 AND 1961

LIABILITIES AND FUNDS

	1962	1961
CURRENT LIABILITIES:		
Accounts payable	\$ 181,373	\$ 89,325
Accrued payroll and other expenses	175,057	200,127
Temporary Funds	<u>538,821</u>	<u>436,941</u>
Total current liabilities	<u>\$ 895,251</u>	<u>\$ 726,393</u>
 GENERAL AND PLANT FUNDS	 \$15,221,545	\$12,675,033
 Total	 <u>\$16,116,796</u>	<u>\$13,401,426</u>

ENDOWMENT AND OTHER FUNDS:

Special Funds:		
Unrestricted Gifts and Legacies Fund	\$ 1,062,329	\$ 971,076
Stuart M. Crocker Educational Fund	849,864	1,032,790
Progress Fund	<u>3,875,483</u>	<u>4,595,185</u>
Total Special Funds	<u>\$ 5,787,676</u>	<u>\$ 6,599,051</u>
Endowment Funds	7,855,865	7,315,384
Funds for Replacement of Plant Assets	<u>1,403,382</u>	<u>1,408,270</u>
Total	<u>\$15,046,923</u>	<u>\$15,322,705</u>
 TOTAL LIABILITIES and FUNDS	 <u>\$31,163,719</u>	<u>\$28,724,131</u>

\$57,500. As of December 31, 1962 the unfunded past service cost was estimated to be \$392,323, and is being funded over a twenty-year period ending in 1982.

2. The Hospital is in process of constructing the Garrard Winston Memorial Building. At December 31, 1962 expenditures on this project amounted to \$6,908,000; commitments for future expenditures are approximately \$5,000,000.

THE ROOSEVELT HOSPITAL FOR THE YEARS ENDED DECEMBER 31, 1962 AND 1961

STATEMENT OF CURRENT INCOME

	1962	1961
OPERATING INCOME:		
Patient care and services (Note 1)	\$ 8,714,130	\$ 8,046,271
Other	<u>606,605</u>	<u>525,347</u>
Total	<u>\$ 9,320,735</u>	<u>\$ 8,571,618</u>
Less:		
Allowances and provision for doubtful accounts	\$ 2,034,132	\$ 1,911,245
Associated Hospital Service allowance for capital costs (Note 1)	<u>106,317</u>	<u>184,297</u>
Total	<u>\$ 2,140,449</u>	<u>\$ 2,095,542</u>
Income available for operations	<u>\$ 7,180,286</u>	<u>\$ 6,476,076</u>
OPERATING EXPENSE:		
Professional, nursing, and special services	\$ 4,201,951	\$ 3,792,683
Outpatient service	477,975	398,720
Dietary	783,292	742,605
Household and property	1,030,569	980,636
Residence buildings	94,614	95,461
Administration	1,006,009	875,986
Provision for depreciation	<u>406,824</u>	<u>395,288</u>
Total operating expense	<u>\$ 8,001,234</u>	<u>\$ 7,281,379</u>
EXCESS OF OPERATING EXPENSE OVER INCOME	<u>\$ 820,948</u>	<u>\$ 805,303</u>
OTHER INCOME:		
From investments	\$ 457,525	\$ 418,090
United Hospital and Greater New York Fund grants	156,320	133,999
Contributions	<u>117,185</u>	<u>95,862</u>
Total	<u>\$ 731,030</u>	<u>\$ 647,951</u>
<u>DEFICIT CHARGED TO GENERAL AND PLANT FUNDS</u>	<u>\$ 89,918</u>	<u>\$ 157,352</u>

NOTES:

1. Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York, the Hospital received capital cost allowances of \$106,317 during 1962 and \$184,297 during 1961 as a part of its reimbursement for services rendered to AHS subscribers. The Hospital is required to maintain these allowances in a restricted fund to be used only for equipment replacement or modernization and replacement of existing buildings. Accord-

ingly, these allowances have been transferred to funds for replacement of plant assets.

2. Certain amounts for the year ended December 31, 1961, as previously reported, have been reclassified in the above statement of current income to conform to the classifications used at December 31, 1962.

TEMPORARY FUNDS:	Balance, January 1, 1962.....	\$ 436,941
	Add:	
	Contributions and legacies	431,779
	Income from investments	14,085
	Total	\$ 882,805
	Deduct:	
	Payments for patient care	\$ 53,709
	Salaries, supplies, etc.	255,320
	Transfers to:	
	General and Plant Funds	14,226
	Special Funds.....	20,729
	Total	\$ 343,984
	Balance, December 31, 1962	\$ 538,821
GENERAL AND PLANT FUNDS:	Balance, January 1, 1962	\$12,675,033
	Add:	
	Equipment acquisitions and building additions provided from:	
	Temporary Funds	14,226
	Special Funds	2,467,961
	Funds for Replacement of Plant Assets	154,243
	Total	\$15,311,463
	Deduct—Excess of expense over income for the year	89,918
	Balance, December 31, 1962	\$15,221,545
SPECIAL FUNDS:	Balance, January 1, 1962	\$ 6,599,051
	Add:	
	Contributions and legacies	1,792,585
	Income from investments	168,448
	Gains from investments sold or redeemed	86,976
	Transfers from Temporary Funds	20,729
	Total	\$ 8,667,789
	Deduct:	
	Transfers to:	
	General and Plant Funds— Equipment acquisitions and building additions	\$ 2,467,961
	Endowment Funds	300,000
	Grants, loans, and other	112,152
	Total	\$ 2,880,113
	Balance, December 31, 1962	\$ 5,787,676
ENDOWMENT FUNDS:	Balance, January 1, 1962	\$ 7,315,384
	Add:	
	Contributions and legacies	52,444
	Gains from investments sold or redeemed.....	188,037
	Transfers from Special Funds	300,000
	Balance, December 31, 1962	\$ 7,855,865
FUNDS FOR REPLACEMENT OF PLANT ASSETS:	Balance, January 1, 1962	\$ 1,408,270
	Add:	
	Income from investments	1,073
	Gains from investments sold or redeemed	35,286
	Associated Hospital Service of New York—Capital Cost Allowance	106,317
	Other	6,679
	Total	\$ 1,557,625
	Deduct—Transfer to General and Plant Funds—expenditures for property and equipment	154,243
	Balance, December 31, 1962.....	\$ 1,403,382

SUMMARY OF CHANGES IN FUNDS

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees of
The Roosevelt Hospital:

March 15, 1963

Dear Sirs:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1962 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1962 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours truly,

Haskins & Sells.
HASKINS & SELLS

Leo B. Halloran, M.D.⁽³⁾
 Valentine A. Hofmann, M.D.⁽³⁾
 Wilbur B. Hurlbut, M.D., *Dermatology*
 Daniel Hyman, M.D., *Dermatology*
 Thomas P. Jacobs, M.D.
 Walter R. Kessler, M.D., *Allergy*
 Norman W. MacLeod, M.D.⁽³⁾
 Myron C. Patterson, M.D.⁽³⁾
 Albert C. Santy, M.D.⁽³⁾
 Henry G. Schaffeld, M.D.⁽³⁾
 Robert B. Tator, M.D.,
 Asst. Att. Gastro.
 William B. Waterman, M.D.⁽³⁾
 Herman Ziffer, M.D.
ASSISTANT ATTENDING PHYSICIANS
 Lilian A. Boker, M.D., *Allergy*
 H. Beecher Chapin, M.D., *Allergy*
 Sidney M. Cohen, M.D., *Neurology*
 Gabriel A. Covo, M.D.
 A. Albert Goodman, M.D., *Allergy*
 Frank E. Iaquinta, M.D.
 Arthur T. Mesereau, Jr., M.D.
 Thomas T. Tamlyn, M.D.
JR. ASSISTANT ATTENDING PHYSICIANS
 John R. Edsall, M.B.
 Thomas C. Guthrie, M.D., *Neurology*

William M. Nicholas, M.D., *Allergy*
 Joseph L. O'Brien, M.D., *Neurology*
 Martin Portnoy, M.D., *Dermatology*
 Thomas C. Scanlan, M.D.
PEDIATRIC SERVICE
CHIEF OF PEDIATRICS
Edmund N. Joyner, III, M.D.*⁽³⁾
ATTENDING PEDIATRICIANS
 Hedwig Koenig, M.D.
 John F. Landon, M.D.⁽³⁾
 Agnes Wilson, M.D.⁽³⁾
ASSOCIATE ATTENDING PEDIATRICIANS
 Lucie L. Rudd, M.D.
 Umberto Stefano, M.D.⁽³⁾
ASSISTANT ATTENDING PEDIATRICIANS
 Charles Bauer, M.D.
 Claudia E. Cambria, M.D.
 Alan P. DeMayo, M.D.
 Margaret Kugler, M.D.
 Aaron G. Meislin, M.D.
 Evelyn D. Schmidt, M.D.
PSYCHIATRIC SERVICE
CHIEF OF PSYCHIATRY
Robert W. Laidlaw, M.D.*⁽³⁾

ATTENDING PSYCHIATRISTS
 Jan Ehrenwald, M.D.⁽³⁾
 Justin L. Greene, M.D.⁽³⁾
 Bernard L. Pacella, M.D.⁽³⁾
ASSOCIATE ATTENDING PSYCHIATRISTS
 Sophie Bookhalter, M.D.⁽¹⁾
 Ralph W. Clemments, M.D.⁽¹⁾
 E. Alden Ellison, M.D.
 Stephen W. Kempster, M.D.
 Edward W. Kloth, M.D.
 Francisco Merino, M.D.
 Robert S. Mumford, M.D.
 Harry R. Potter, M.D.
 Burton B. Steel, M.D.
 Virginia N. Wilking, M.D.
 Bernard Zuger, M.D.
ASSISTANT ATTENDING PSYCHIATRISTS
 Barre Alan, M.D.
 Robert C. Ascher, M.D.
 Arline C. Caldwell, M.D.
 Alvin H. Goff, M.D.
 Anthony Jimenez, M.D.
 Stuart L. Keill, M.D.
 Robert L. Meineker, M.D.
 George Serban, M.D.
 James W. Watson, M.D.

JR. ASSISTANT
ATTENDING PSYCHIATRIST
 Arthur N. Avella, M.D.
DEPT. OF LABORATORIES
ATTENDING PATHOLOGIST
Rudolf Garret, M.D.*⁽³⁾
ASSOCIATE ATTENDING PATHOLOGIST
 Marianne Wolff, M.D.
ASSISTANT ATTENDING PATHOLOGISTS
 Richard N. Fredricks, M.D.
 Irving Seidman, M.D.⁽¹⁾
DEPARTMENT OF PHYSICAL MEDICINE
ASSOCIATE ATTENDING PHYSIATRIST
 Jane R. Winer, M.D.⁽³⁾
DEPARTMENT OF RADIOLOGY
ATTENDING RADIOLOGIST
Albert A. Dunn, Jr., M.D.*⁽³⁾
ASSISTANT ATTENDING RADIOLOGISTS
 Edward J. Arida, M.D.
 Barry T. Held, M.D.
 Arthur I. Hutner, M.D.
 Sabino J. Rizzo, M.D.
 Louis Sanfilippo, M.D.⁽¹⁾

Visiting Medical Staff of the Out-Patient Department

Surgery and Surgical Specialties

Surgical Clinic

CHIEF
Joseph M. Ford, M.D.⁽³⁾

ATTENDINGS

Lowyd W. R. Ballantyne, Jr., M.D.
John T. Brennan, Jr., M.D.

Rolla Campbell, M.D.

William H. Cassebaum, M.D.⁽³⁾

Frederic H. Deutsch, M.D., *Ophthal.*

Thomas J. Dring, M.D.

Howard S. Dunbar, M.D.⁽³⁾

Lee Gillette, M.D.

Henry A. Kingsbury, M.D.⁽³⁾⁽²⁾

Adrian M. Lambert, M.D.⁽³⁾

J. William Little, M.D.⁽³⁾

James A. Macdonald, M.D.

J. Beall Rodgers, M.D.

R. David Sudarsky, M.D., *Ophthal.*

Walter A. Wichern, Jr., M.D.⁽³⁾

ASSISTANT ATTENDINGS

David M. Carberry, M.D.

Robert A. Hinrichs, M.D.⁽¹⁾

James H. Terry, Jr., M.D.

CLINICAL ASSISTANTS

Martin C. Rogers, M.D.

H. G. Sandvoss, M.D.

Breast Clinic

CHIEF

R. Sterling Mueller, M.D.⁽³⁾

ATTENDING

J. Beall Rodgers, M.D.

Dental Clinic

CHIEF

Andrew M. Linz, D.D.S.

ATTENDING

Paul Duxbury, D.D.S.

ASSISTANT ATTENDINGS

Melvin N. Blake, D.D.S.

Frank Dawson, D.D.S.

John Doscher, D.D.S.

John Duxbury, D.D.S.

Charles Hillier, D.D.S.

CLINICAL ASSISTANTS

Edward B. Armstrong, D.D.S.

George K. Brazill, Jr., D.D.S.

Herman W. Frankel, D.D.S.

Harold Silver, D.D.S.

Fracture Clinic

CHIEF

William H. Cassebaum, M.D.⁽³⁾

ATTENDINGS

John T. Brennan, Jr., M.D.

Rolla Campbell, M.D.

ASSISTANT ATTENDING

Robert A. Hinrichs, M.D.⁽¹⁾

Gastro-Intestinal Clinic

ATTENDINGS

Lee Gillette, M.D.

Henry A. Kingsbury, M.D.⁽³⁾⁽²⁾

R. Sterling Mueller, M.D.⁽³⁾

Charles F. Stewart, M.D.*⁽³⁾

T. Scudder Winslow, M.D.⁽³⁾

NEUROSURGERY

CHIEF

Howard S. Dunbar, M.D.⁽³⁾

ASSISTANT ATTENDING

Robert W. Schick, M.D.

ORTHOPEDICS

CHIEF

Rolla Campbell, M.D.

ATTENDINGS

Thomas J. Dring, M.D.

Peter LaMotte, M.D.

Plastic & Reconstruction Hand

CHIEF

J. William Littler, M.D.⁽³⁾

ATTENDINGS

Lowyd W. R. Ballantyne, Jr., M.D.

James A. Macdonald, M.D.

Podiatric Clinic

Mario F. Miletta, Pod. D.

Hospital Staff

Rectal Clinic

CHIEF

Adrian M. Lambert, M.D.⁽³⁾

ATTENDING

Martin C. Rogers, M.D.

Thyroid Clinic

CHIEF

Henry A. Kingsbury, M.D.⁽³⁾⁽²⁾

ATTENDING

Charles F. Stewart, M.D.*⁽³⁾

Vascular Clinic

Including Varicose Vein

CHIEF

Charles F. Stewart, M.D.*⁽³⁾

ATTENDINGS

John T. Brennan, Jr., M.D.

Joseph M. Ford, M.D.⁽³⁾

Walter A. Wichern, Jr., M.D.⁽³⁾

GYNECOLOGICAL

Gynecological Clinic

CHIEF

Barbara J. Logan, M.D.⁽³⁾

ATTENDING

David B. Crawford, Jr., M.D.⁽³⁾

Anwar J. Hanania, M.D.

ASSISTANT ATTENDINGS

Margot Ammann, M.D.

Ruth A. MacLean, M.D.

Cytology Clinic

CHIEF

David B. Crawford, Jr., M.D.⁽³⁾

Sterility Clinic

CHIEF

Barbara J. Logan, M.D.⁽³⁾

UROLOGICAL

Urology Clinic

CHIEF

Perrin B. Snyder, M.D.*⁽³⁾

ASSISTANT ATTENDINGS

Leonard Hallock, M.D.-

William J. Nelson, M.D.⁽³⁾

Robert D. Wickham, M.D.

OTOLARYNGOLOGICAL

Otolaryngological Clinic

CHIEF

Hugh P. Davis, M.D.⁽³⁾

ATTENDINGS

Charles C. Francis, M.D.

John S. Lewis, M.D.

Hilton H. Stothers, M.D.

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Charles H. Goodsell, M.D.

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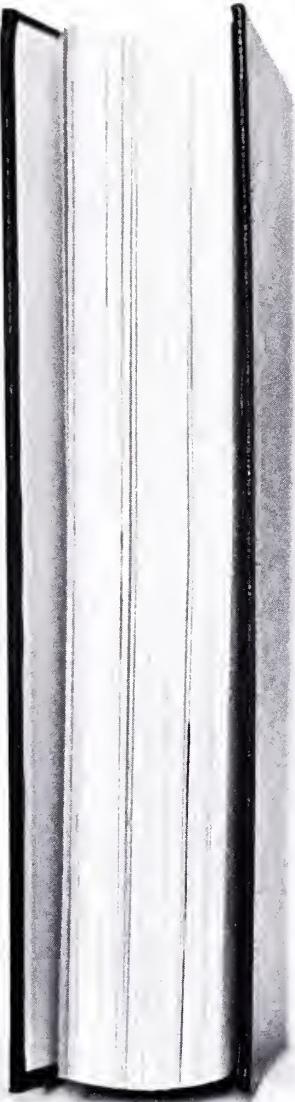
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With gratitude and sincere personal thanks, the Board of Trustees of the Roosevelt Hospital acknowledges the unselfish contributions of time, energy and resources of all who have contributed during the past year to the hospital. Your gifts have made it possible for us to maintain our full community health role in the unfolding drama of human healing. If your friends or relatives wish to contribute to the hospital, the following forms of bequest and devise may be used:

FORM OF BEQUEST

I give and bequeath to The Roosevelt Hospital in the City of New York the sum of _____ dollars (\$) to be applied to the use and benefit of the said hospital, under the direction of the Trustees thereof.

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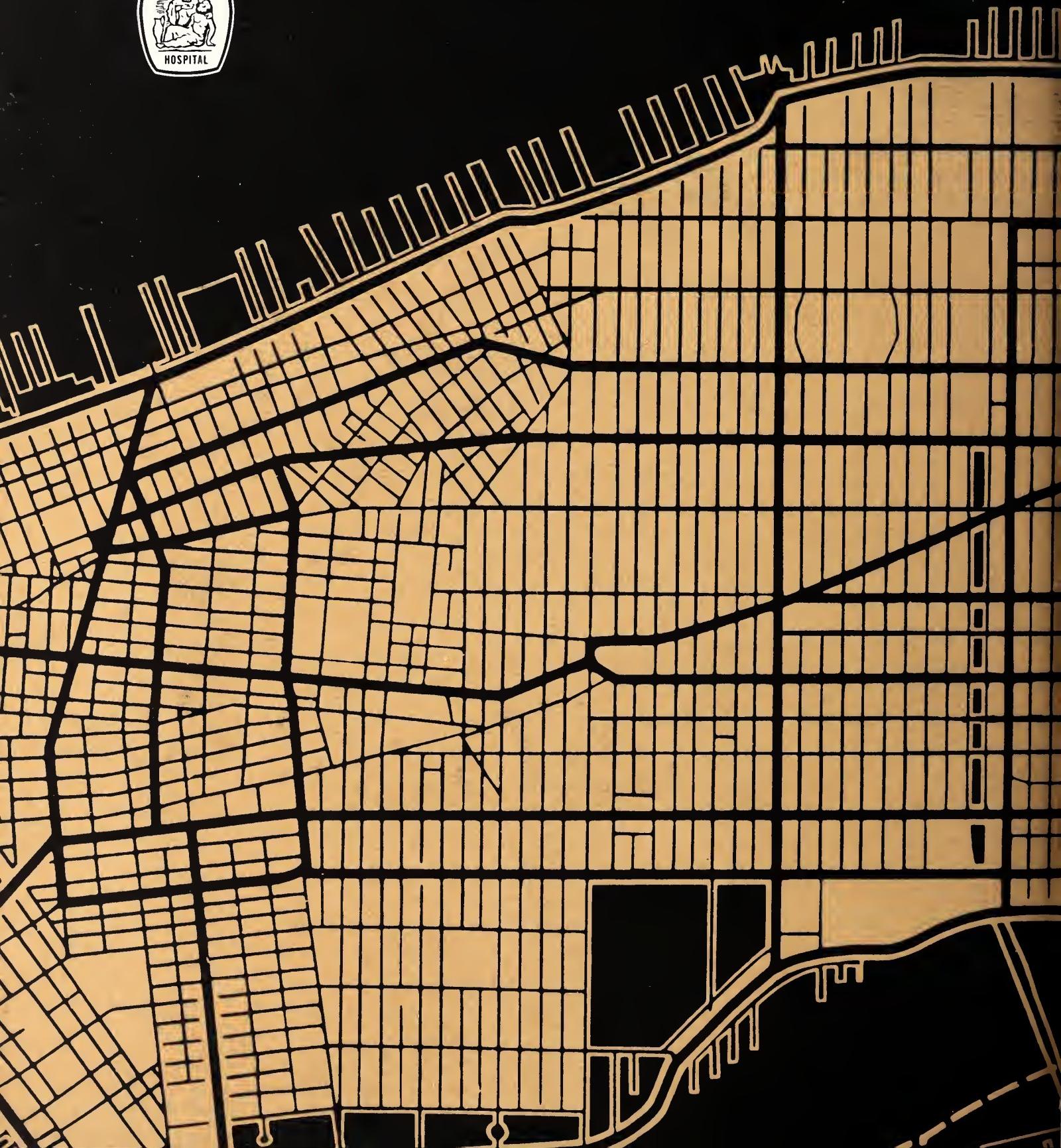
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⁽¹⁾deceased, 1962

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1964 ANNUAL REPORT



*The Roosevelt
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THE COVER provides a glimpse of our new 59th Street profile—the Garrard Winston Memorial Building, the Private Pavilion and a bit of the top floor of the Ward Building—and also reproduces, for a second year, the distinctive design of the decorative pierced ceramic screen which graces the Winston lobby. The blue of the cover, plus the yellow of the inside pages, also suggests colors that predominate throughout Winston.

THE ROOSEVELT HOSPITAL

1964 ANNUAL REPORT

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<i>inside back cover</i>	GIFT INFORMATION



On Monday, September 14, 1964 — without fanfare, public announcement or formal ceremony — the GARRARD WINSTON MEMORIAL BUILDING began serving the New York community. Dinner trays for some 90 patients that evening were made festive with rosebuds and candle-lit cakes. (For a pictorial tour of Winston, as it is today, turn to pages 14 and 15.)



t is necessary today, in reviewing the annual activities of a voluntary, non-profit hospital, to combine evaluation of the past with prophecy for the future.

A most gratifying record of service, in the fields of patient care, medical education and medical research, was continued at The Roosevelt Hospital during the 12 months of 1964, but of greater significance, perhaps, was an accelerating involvement on the part of the entire Hospital family in long-range planning.

Procedures, techniques, and equipment that are adequate for today may not — with the rapid

pace of medical advancement — be applicable or appropriate for tomorrow. Thus, a truly effective stewardship must be concerned not only with the discharge of present responsibilities but also with the steps that should be taken to deal properly with future problems.

This has been long recognized at Roosevelt and reflects dedicated interest on the part of many — our Trustees, the officers and members of the Medical Board, our Volunteer Committee, the Hospital personnel as a whole, and the thousands upon thousands of individuals and organizations who have generously responded to appeals for financial support.

Since 1956 through early December of 1964, what has taken place has also been, in no small measure, a reflection of the wise guidance and inspiring leadership provided Roosevelt endeavors, during that eight-year period, by Mrs. Donald F. Bush, as President, and George Roberts, as Chairman of the Board of Trustees. As a token of appreciation and gratitude, the top two floors of the Winston Building have been named in their honor. I also am pleased to report that both continue as officers and members of the Board of Trustees.

The reports which have been graciously prepared for this publication by Dr. Gurney Taylor, as President of the Medical Board, Peter B. Terenzio, as Executive Vice President, and Mrs. Albert Lee Hawes, as Chairman of the Volunteer Committee and which are supplemented by statistical exhibits, photographs and financial statements, provide the details of the most recent chapter in Roosevelt's history.

As I see it, there should be profound satisfaction for all who shared in any way in what was accomplished, and to each and all I express very sincere appreciation. Personal as well as official thanks also are extended to the 3,007 individuals and organizations whose generosity and support during the year supplied assistance both for ongoing activities and for tasks that lie ahead.

During the year, the Hospital suffered, in the deaths of George A. Benington, Dr. Henry W. Cave, and W. Lawrence McLane, the loss of three valued members of its Board of Trustees. Resolutions in tribute to each were authorized by the Board of Trustees and are inscribed in the Board's Minutes.

Added to the Board of Trustees during 1964 were Frederick G. Atkinson, Senator George R. Metcalf and Roy W. Moore, Jr. We are honored to have these distinguished gentlemen join us and are already benefiting from their counsel and assistance.

Now serving as Chairman of the Board is Jack I. Straus who was elected to this post in December as successor to Mr. Roberts who at that time was made Honorary Chairman. Long a tower of strength in many aspects of Hospital endeavors as Trustee, Vice President and Chairman of the Executive Committee, Mr. Straus continues to provide an example of interest and devotion which is an inspiration to all — particularly to the Hospital's new President.

Also of importance during the year was the inauguration of The Stuart M. Crocker Lectures. Dedicated to the memory of a past President and long time Trustee of Roosevelt, these lectures are intended to acquaint the Hospital family and friends with the current thinking and philosophies of leaders in health, hospital and medical activities. The speakers for 1964 were Dr. George James, Commissioner of Health of the City of New York; Dr. John H. Knowles, General Director of Massachusetts General Hospital, and Dr. Willard A. Wright, Chairman of the Council of Medical Service of The American Medical Association. We are deeply indebted to each for letting us have the benefit of thoughtful and most interesting views. Their messages were subsequently published in attractive brochures and widely distributed.

As to prophecy for the future, I think it can be said, without question, that The Roosevelt Hospital is now destined for an era of development and expansion which should result in wider, deeper and enriched service to patients and community.

In immediate prospect is the crystallization and announcement of a comprehensive blueprint for a ten-year program of action, which represents investigations and studies, carried on over a period of many months, by Trustees, members of the Medical Board and the Administrative Staff. This blueprint is expected to provide guide lines to be followed in coping effectively with the

problems and needs which the Hospital will encounter as it approaches its second century of service.

As a forerunner of what this may mean, was the approval in principle, early this year, of a program of affiliation with the Manhattan Eye, Ear and Throat Hospital, which provides for an interrelationship, without loss of respective identities, of facilities and medical disciplines.

This action was lauded by the Hospital Review and Planning Council of Southern New York, Inc., as "a significant step forward in hospital planning for the New York City area" and as one which should result for each institution in "a widened sphere of effectiveness in patient care, medical education and medical research".

Complete implementation of the ten year blueprint may lead to performance at Roosevelt of almost all of the functions of "a regional medical center". This could include provision of nursing home facilities; the broadening of ambulatory care activities; greater involvement in mental health endeavors and treatment for chronic and terminal patients, as well as broadening of education and research, but under any and all circumstances, there will be continuing emphasis on policies and practices which assure "excellence of patient care".

I am convinced that what we have in mind is called for both by population trends of the area in which we are located and by the impact on the medical-care world of recent health and hospital legislation, including the recommendations which will be made by Governor Rockefeller's Committee on Hospital Costs. I also am confident that the financial assistance which will be required to bring our long-range proposals into being is potentially available and should be forthcoming as our precise requirements are made known.

The full import of all happenings at Roosevelt during 1964 may take years to bring into proper perspective. It is already clear, however, that most are singularly rich in promise, and should

lead to the development of procedures that will enable Roosevelt to keep effectively abreast with a challenging tomorrow.

Garrard Bigelow Winston once pointed out that a great strength of Americans as a free people was to be found in their dedication to the principle of volunteering and declared that "the opportunity to give of one's self and his property on a free-will basis is our unique heritage. Its preservation rests upon the recognition of its value".

On the horizon at Roosevelt is much challenge — but with this, there will be many possibilities for rewarding action on the part of all who share the belief that Mr. Winston so eloquently voiced.



H. WHITFIELD CARHART
PRESIDENT

March 31, 1965

THROUGH THE YEARS AT ROOSEVELT

- 1863** – James H. Roosevelt died, leaving his estate to establish a hospital “for the reception and relief of sick and diseased persons.”
- 1869** – Cornerstone of The Roosevelt Hospital laid on the present site.
- 1871** – Hospital opened with a bed capacity of 180.
- 1878** – Horse-drawn ambulance service established.
- 1885** – Out-Patient Department Building opened.
- 1890** – McLane Gynecological Operating Room opened.
- 1892** – Opening of William J. Syms Building. Its operating rooms and its amphitheatre with a seating capacity of 185, made it “The most complete and elaborate operating theatre yet seen.”
- 1896** – Private Patients Pavilion opened.
School of Nursing founded.
- 1898** – Roosevelt doctors and nurses enlisted for Spanish-American War.
- 1899** – Catherine Bliss Ward for Sick Children opened.
- 1900** – First X-ray Department established.
- 1901** – First telephone switchboard (26 stations) with 24 hour service installed.
- 1908** – Social Service Department established.
- 1911** – Nursing Residence opened with 108 rooms.
- 1912** – Harriman Research Laboratory built.
- 1917** – Formation of Roosevelt Mackay Unit which as U.S. Army Base Hospital #15 rendered distinguished service at Chaumont in France during World War I.
- 1923** – New Ward Building (377 beds) replaced the old Ward Building of 1871.
- 1925** – Central Sterilization and Supply Unit installed in Syms Building.
- 1932** – Institute of Allergy moved to Roosevelt Hospital from New York Hospital where it had been founded in 1918 by Dr. Robert A. Cooke.
- 1933** – Women’s Committee organized to coordinate all volunteer work in the Hospital. Now known as the Volunteer Committee.
- 1936** – Bedside and operating room teaching of fourth year students from College of Physicians and Surgeons of Columbia University initiated.
- 1941** – Catastrophe Unit formed.
- 1942** – New Private Patients Pavilion opened.
Formation of the Ninth Evacuation Hospital Unit which served in North Africa, Sicily, Italy, France, and Germany during World War II.
Establishment of the Blood Bank.
- 1949** – Opening of James I. Russell Memorial Building.
Pilot project in out-patient psychiatry, sponsored by the New York State Department of Mental Hygiene, initiated.
- 1950** – Fifth floor of Ward Building rebuilt to house Special Diagnostic Service and additional X-ray facilities.
Establishment of a formal Department of Physical Medicine and Rehabilitation.
- 1952** – Opening of the Henry Harrington Janeway Clinic for Therapeutic Radiology.
Recovery room opened for patients who have had general anesthesia.
- 1953** – Tower Memorial Building opened.
- 1955** – New building for the School of Nursing completed.
- 1956** – Ninth floor of Tower Memorial Building opened for psychiatric in-patients.
- 1957** – A modern cobalt unit added to the Department of Therapeutic Radiology.
Trauma Service formed, as an integral part of Surgical Service.
- 1960** – Special Care Unit opened for the care of the critically ill and injured.
- 1961** – Cornerstone laid for the 12-story Garrard Winston Memorial Building.
- 1962** – Pediatric Service reorganized with first full time Chief.
- 1963** – Ambulance area expanded to include major portion of mid-town Manhattan.
Upjohn Gastrointestinal Clinic opened to public.
Two-year diploma program initiated by School of Nursing.
Affiliation with Columbia University’s School of Dental & Oral Surgery.
Progress Fund goal of \$12,500,000 achieved.

“...and past may be but prelude”





here were many events of far-reaching significance at The Roosevelt Hospital during the 12 months of 1964.

First of all, there was the opening of the Winston Building. This—as the photographs, which appear on pages 14-15 of this publication, clearly indicate—was a great step forward in the expansion and improvement of Roosevelt facilities.

Another important milestone in the history of the Hospital was the long awaited inauguration of the Obstetrical Service. Due to the careful planning of Dr. Ralph W. Gause, the first Chief of Obstetrics, the new service, when in full operation, will be in a position to care for in excess of 125 deliveries a month, including antepartum and postpartum clinics, in the finest of environments. From November 17th through December 31st, there were 22 deliveries and 125 days of new-born care.

Other highlights of the year included...the start of construction of expanded in-patient facilities for the Department of Psychiatry...the awarding of contracts for the relocation of Pediatric Service accommodations...the inauguration of the School of Nurse Anesthetists...the long overdue move to expanded quarters of the Department of Clinical Laboratories...and the transfer to efficient new facilities in the Winston Building of Central Supply and Pharmacy.

As a voluntary, non-profit institution, Roosevelt is dedicated to the concept of the totality of medicine and the indivisibility of patient care, teaching, and research. This was well demonstrated throughout the year in all services and departments.

Our total bed complement increased in Sep-

tember from 445 beds to a present figure of 503 beds—but despite this the reservation waiting list has never been so long. For the year there were 11,322 patients with an average patient stay of 13.8 days and an average occupancy rate of 89.3 per cent.

During the year, the Emergency Services were in more constant demand than ever before. The three ambulances, which cover a large part of central Manhattan, answered 13,426 calls. In the Accident Room 50,477 treatments were rendered. The Special Care Unit admitted 1,377 critically ill patients, while the Emergency Psychiatric Service continued to render 24-hour care.

The Medical Service continued its development and growth with increasing activity in many areas. With an approved residency training program of three years, following internship, it was able to offer opportunities for continued education in such subspecialties of Internal Medicine as Allergy, Cardiology and Gastroenterology. Under the able leadership of Dr. William B. Sherman, Dr. Charles A. Bertrand and Dr. Michael J. Lepore, respectively, there were strengthened training programs in each area.

The Out-Patient Department in Medicine was reorganized to provide better coverage and patient care, and a better experience educationally for each member of the Resident Staff. A feature was the reduction in the number of patients assigned at intern and resident levels, thus providing more time both per patient and for presentation of cases to the teaching attending. Greater Attending Staff participation at all levels was another improvement.

The Surgical Service once again added luster to the distinguished traditions of this discipline. There were 6,110 operative procedures—two



less than the previous year — but the length of operating time reflected a greater average magnitude of operations, and amounted to more than 8,500 hours. In mid October the two-year program of anesthesiology for the graduate professional nurse received full approval from the American Association of Nurse Anesthetists. The School should ease, both for Roosevelt and for other institutions, an existing shortage of technicians in this area. Of special note was the election of Dr. Howard A. Patterson — a Chief of Surgery — as President of the American College of Surgeons. This marks the second time within recent decades that a Roosevelt Hospital surgeon has been so honored.

Activities of the Department of Psychiatry; the Pediatric Department, and Medical Records also merit special mention. Despite the inconvenience of construction, which was started in June, the in-patient service of Psychiatry functioned at full capacity throughout the year. The Pediatric Psychiatry, Adolescent, and Adult Psychiatric Clinics also operated at full capacity and there were 2,109 patient visits to the Emergency Psychiatric Clinic. In Pediatrics, there was for the first time in the history of the department a full quota of house officers, which with the addition of new attending pediatricians contributed greatly to high standards of patient care both at medical and nursing levels. Medical Records also improved in every facet of its operation — this in face of the increase in the bed complement and the addition of a completely new service.

Diagnostic and treatment equipment, acquired during the year or for which usefulness was further demonstrated, included a cineradiography installation and the cardioverter. The cineradiography unit is the latest addition to the Hospital's Department of Radiology. The cardioverter is an electronic device which restores erratic heartbeats to normal rhythm with an electric shock of less than 3/1,000th of a second. It is located in the Hospital's Cardio-Pulmonary Laboratory.

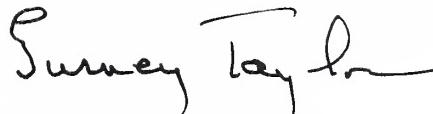
Roosevelt once again received — through the National Intern Matching Plan — its full quota

of medical and surgical interns. Clinical training also was supplied students of the College of Physicians and Surgeons and of Columbia University's School of Dental and Oral Surgery. There are now more than 1,400 alumni of Roosevelt in various fields of medical practice — and they are to be found in virtually every state of the Union.

With respect to research, major investigations were continued by the Hospital's Institute of Allergy in accord with a program supported by a seven-year grant, from the U.S. Public Health Service. A study on the nutritional status of New York City's school children — sponsored by the National Vitamin Foundation, Inc. — was initiated by Drs. Herman Ziffer, Herman Baker and Oscar Frank. In addition, protocols for more than twenty other investigations, mostly of a clinical nature, were approved.

Two distinguished members of the Medical Staff reached the retirement age during the year. They were: Dr. Julian M. Freston, Chief of the First Medical Division, whose continuing association with Roosevelt dates back to an internship in Medicine in 1924, and Dr. Clarence A. Dunn, Chief of Dental Surgery, who has been affiliated with the Hospital since 1931. Formal tributes to both were delivered at the December meeting of the Medical Board and inscribed in the minutes. Each, also, was elected to honorary membership on the Board.

On behalf of the Medical Board, gratitude is expressed to the many whose contributions of devoted service, wise counsel and generous financial support are interwoven into the fabric of what has taken place — particularly, to the officers and members of the Board of Trustees; to the Volunteer Committee; to the Administrative Staff, and to the personnel of the Hospital as a whole.

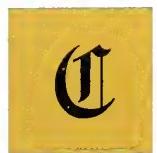


GURNEY TAYLOR, M.D.
PRESIDENT

1964 SERVICE HIGHLIGHTS

Number of medical services and clinics	44
Number of beds	503 plus 14 bassinets
Average percentage of bed occupancy	89.3%
Number of doctors on Medical Staff	380
Number of nurses	299
Total number of employees	1,418
Number of volunteer workers	651
Number of patients	11,322
Number of operations	6,186
Number of ambulance calls answered	13,426
Number of Social Service Department interviews and home visits	18,117
Number of emergency treatments	50,477
Number of clinic visits	84,037
Number of in-patient days	149,686
Number of medication orders filled by Hospital Pharmacy	348,916
Number of laboratory tests	398,113
Number of patient meals served	408,317
Number of telephone calls handled	2,555,000
Pounds of laundry processed	2,237,334
Space occupied by present facilities	563,835 sq. ft.
School of Nursing	
Student enrollment	124
1964 graduates	40
School alumnae	1,899





hange, it has been said, is the only constant factor of hospital administration. I can add that there was ample evidence to that effect at The Roosevelt Hospital during 1964.

Over and above the day-in and day-out tasks—admissions, nursing, housekeeping, meals, medication orders, laboratory tests, laundry and accounting—necessitated by daily averages of 409 in-patients; 230 clinic visits; 138 emergency treatments and 36 ambulance calls, there was a multitude of activity having to do with change and advancement. Included were:

WINSTON BUILDING LOGISTICS such as . . . installation of furniture and equipment in this new 12-story addition to our complex . . . transfer of patients from the Private Pavilion without disruption of care and treatment . . . inauguration of new kitchens . . . recruitment and training of the additional personnel required to care for the near doubling of our total square footage . . . complete relocation of the Hospital's

laboratories . . . and the transfer of 12 tons of engineering equipment without interruption of routine plumbing, heating, electricity, and repairs;

NEW BUILDING PROJECTS involving . . . start of a three-story addition to the Tower Building . . . development of plans for Pediatric relocation . . . reconstruction of Residence Hall . . . and renovation of major portions of the Private Pavilion, as well as—PREDICTION STUDIES having to do with . . . the possible import of Medicare and other recent governmental measures . . . the implications of increased life expectancy for the aged . . . future responsibility in the fields of education and research . . . facilities and equipment required to keep pace with anticipated medical advancements . . . and patterns of activity indicated for continuing fulfillment of our responsibility as a community resource.

Also during the year, there was a realignment of administrative staff assignments . . . a further

ROOSEVELT BUILDINGS

(northwest corner of 58th Street and 9th Avenue) opened in 1949 as a memorial to Dr. James I. Russell.

(entrance on 9th Avenue) was built as a memorial to Joseph T. Tower and opened in 1953. (Three new floors are currently under construction to increase in-patient psychiatric facilities from 16 to 45 beds.)

(southwest corner of 59th Street and 9th Avenue) was built by bequest of Dr. William J. Syms in 1892.

(entrance through Tower Building). An eight-story building which in 1923 replaced the original Ward Building.

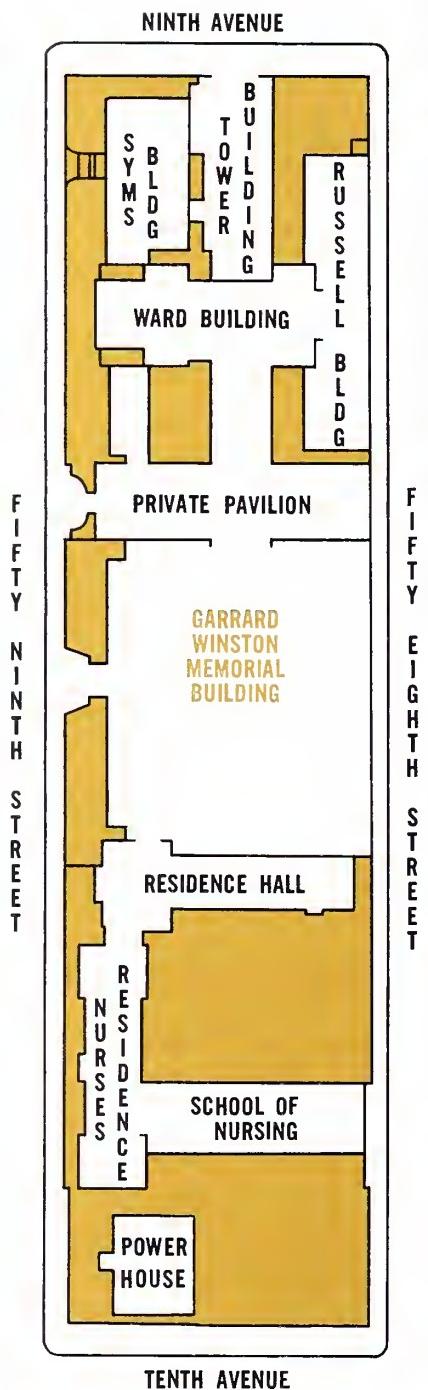
(entrance on 59th Street) was erected in 1942. (Structural renovations made possible by the opening of the Winston Building are now in progress. These include relocation of child-care facilities.)

(entrance on 59th Street) opened in September as a memorial to Garrard B. Winston.

(entrance through Winston Building) built in 1896 as the Private Patients Pavilion. (Structural renovations made possible by the opening of the Winston Building are now in progress.)

(entrance through Residence Hall), a five-story building completed in 1911 to house the School of Nursing.

an annex to the Nursing Residence opened in 1955.



ADMINISTRATIVE STAFF

Executive Vice President	Peter B. Terenzio
Associate Vice President	Eugene D. Vodev
Associate Vice President and Assistant Treasurer	Harry O. Humbert
Assistant Vice President	Virginia Olson
Assistant Vice President	Gary Gambuti
Assistant Vice President	Howard Newman
Administrative Assistant	Joseph F. Toomey
Director, Nursing Service	Nancy Rainville
Director, Financial Resources	Alex W. Burger
Personnel Director	Norman Meyer
Director, Public Information	Rosamond T. Nathanson
Director, School of Nursing	Eileen O. Scott
Assistant Comptroller:	John J. Moloney
Assistant Comptroller:	Raymond McClellan
Internal Audit:	Robert Yadesky
Admitting:	Robert Mitchell
Allergy:	Marcelle Johnson
Anesthesia:	Margaret Sullivan
Credits & Collection:	William Siege
Dietary:	Patricia McCauley
Special Diagnostic:	Barbara Karpell
Engineering:	Henry Zoeller
Gastroenterology:	Martha Swensson
Building Services:	S. Ruth Wiersom
Data Processing:	Ray Brideau
Laundry:	Ernest F. Jones
Medical Records:	Betty Gregg Black
Pharmacy:	Ugo Caruso
Physical Medicine:	Cora Alice Taylor
Purchasing:	Wallace O. Bunker
Radiology:	Lazarus Hochberg
Social Service:	Claire Wheat
Volunteer Department:	Dorothy Fairfax

expansion of our use of automated equipment . . . an exchange of experience at administrative levels with British hospitals . . . and a vote, in June, by rank and file employees, in an election conducted by the State Labor Board, which overwhelmingly declined affiliation with labor unions.

From time to time, in acknowledging letters both of praise and of criticism, I venture to say that all of us at Roosevelt "try to do a good job".

There was day-to-day demonstration of this during 1964, with much supporting evidence such as patient comments; tributes to services and departments, including the School of Nursing, and objective evaluation of our endeavors by Boards of medical specialties and governmental agencies.

The formal report, for example, of comprehensive investigations carried on by the New York State Department of Social Welfare, included the following statement:

"During the survey we were greatly impressed with the interest and enthusiasm your Board has shown in establishing effective goals for the expansion and development of the Hospital's facilities, programs and services to meet the medical needs in the heavily populated Metropolitan area which the Hospital presently covers. In each department we observed adequate, well qualified staff, who displayed exceptional interest in the patients and Hospital. We also found that effective organizational controls, policies and procedures have been developed to implement better patient care."

At the patient level, comment as follows was not uncommon:

"I wish you to know what wonderful care I have received and what a remarkable spirit of interpersonal relations I have observed among the staff on each floor and in each department which, no doubt, accounts for the family spirit among the staff and especially for the courtesy and kindness extended to the patients."

I hope most sincerely that everyone who was involved in the activities that made such reactions possible — trustees, doctors, nurses, administrators, volunteers, technicians, secretaries, clerks, cooks, porters, and cleaning women — share my feelings of pride and satisfaction. All in all, we had an eventful year . . . a productive year and one which I firmly believe may be but prelude to future progress. Every day as I walk through the Hospital, I realize once again how lucky we are to have so many wonderful people on our team.

As the year ended, a new President and a new Chairman were elected by our Board of Trustees. This did not represent, as I see it, a "changing of the guard" but rather an inspiring continuation of the type of outstanding leadership which has long been a Roosevelt tradition. I shall be everlastingly grateful to Mrs. Bush and Mr. Roberts for what they have meant both to the Hospital and to me personally, over the past eight years. I also count it a privilege to be able to look forward to having a part in the endeavors now headed by Mr. Carhart and Mr. Straus.



PETER B. TERENZIO
EXECUTIVE VICE PRESIDENT



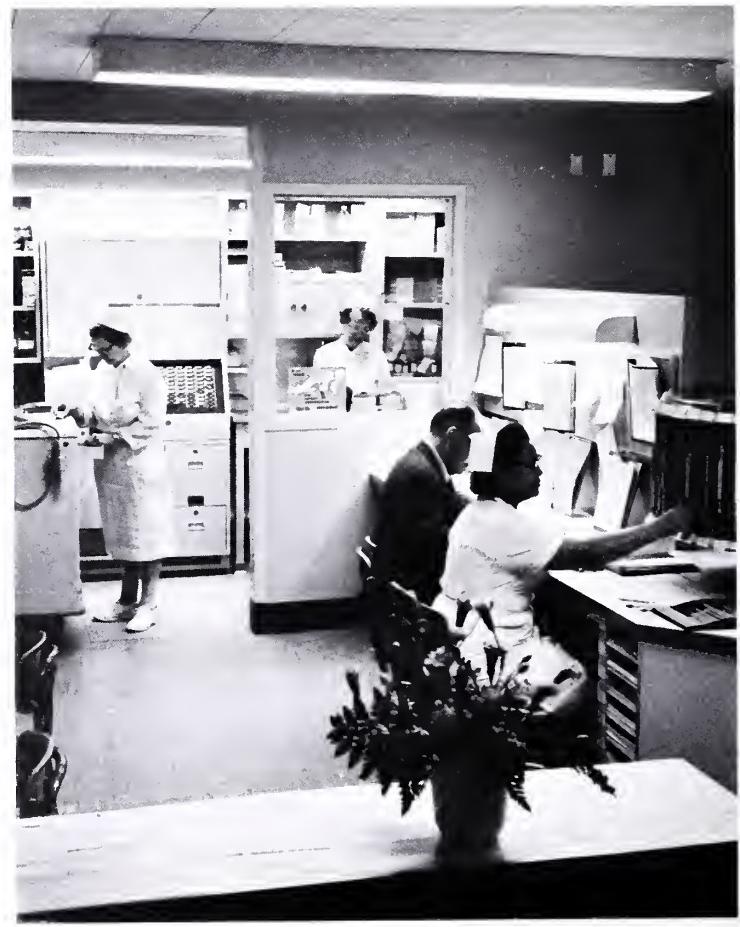
GARRARD BIGELOW WINSTON

1882 - 1955

MEMBER OF THE BOARD OF TRUSTEES 1939 - 1955

PRESIDENT OF THE ROOSEVELT HOSPITAL 1932 - 1955

A GENEROUS AND ANONYMOUS BENEFACTOR OF THE HOSPITAL
DURING HIS LIFETIME, GARRARD B. WINSTON WILLED HIS
ENTIRE FORTUNE TO THE ROOSEVELT HOSPITAL UPON HIS DEATH.
THIS BUILDING IS DEDICATED TO HIM SO THAT FUTURE GENERATIONS
MAY KNOW OF HIS DEVOTION AND GENEROSITY.



**SPACIOUS •
MODERN • COLORFUL**

**ARE THE WORDS FOR
WINSTON**

As the brief pictorial tour on these pages indicates, an unusual atmosphere of warmth, color and friendliness prevails.

In the spacious entrance lobby, large windows make exterior planting an integral part of the colorful interior . . . on the seven patient floors, there are wide, well lighted corridors; comfortable, well furnished waiting rooms and the most modern of nursing stations . . . in the large, brightly decorated patient rooms, where wide windows provide views of the Manhattan skyline, there are hospital beds of the latest design, and a broad range of other equipment designed to assure the ultimate in patient comfort and convenience.

Behind the scenes — in addition to heating, air-conditioning and engineering installations—there are many supporting facilities, including . . . nearly a complete floor of modern laboratories . . . a new and uniquely efficient pharmacy . . . and spick-and-span kitchens . . . as well as (although not shown) new operating rooms . . . a complete obstetrics unit including new-born nurseries . . . a fully equipped auditorium . . . and attractively furnished administrative offices.

Individuals desirous of inspecting the Winston Building in person — including representatives of organizations interested in the neighborhood that Roosevelt serves — are invited to join tours which are conducted at regular intervals by members of the Volunteer Committee. Inquiries regarding time and dates should be addressed to: "Winston Tours".





The anticipation and then at long last, the birth of the first baby at Roosevelt was a happy and exciting event for the members of the Volunteer Committee. We were ready, and eager, to present an engraved silver cup to Mrs. H. Richard Maurer — the mother — in behalf of 8 lb. 2 oz. Daniel Winston Maurer. Within a few days into the nurseries of the Maude Monell Vetlesen Maternity Pavilion came the second baby, and how thoughtful, a girl Doreen Ann Dichiora who also received a cup. Then our first twins and soon after, the tiniest of them all, who was premature — and a darling. How wonderful it is that after 93 years, life is having its very beginning in our Hospital. Blessings to all Roosevelt Hospital babies!



olunteer activities in 1964 as always, consisted of gifts of both time and money. There were 618 volunteers who gave 56,219 hours of service to the Hospital and patients. We are

pleased to report we are attracting a most interesting and capable group of young people — for therein lies our future.

Our financial support to Hospital purposes totalled \$114,238. From the 11th Annual Ball of the Roses came \$44,330 which was applied to free or below cost patient care, and from the Theater Benefit—"High Spirits"—came \$17,433 which was contributed to the support of on-going educational endeavors. These two gala events, in addition to being sources of income, are annual reminders of the services Roosevelt renders to the community. It is gratifying, indeed, to feel that both are now widely regarded as traditional parts of the New York scene.

The Generosity Thrift Shop, 1237 Third Avenue, achieved a new and magnificent record by making the largest profit in the shop's history, netting \$17,000 through re-sale by volunteers of articles donated by Hospital friends. We had an added dividend through sales in the Hospital of the Warner slim-wear, giving pleasure and bargains to all who came.

Valued financial help also came from the Volunteer Gift Shop, in the form of a pledge of \$6,000 in behalf of Committee projects. Though the shop has been somewhat hidden by the construction going on we now have a new entrance and display case which we are sure will entice our guests and patients, when the entrance through the Winston Building is opened.

Major disbursements made by the Volunteer Committee — in addition to those previously cited — included the following:

- \$10,000 to the Pediatric Building Fund
- \$ 3,825 to the Social Service Department
- \$ 1,500 to the Hospital's Landscaping Fund
- \$ 480 for the salary of Summer Social Service Case Aide

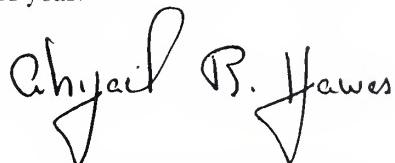
\$ 450 for an Occupational Therapist
Summer Student
\$ 613 for toys, etc. for the Department of Pediatrics
\$ 120 for a Play Therapy Program

Members of the Volunteer Committee again had an important role in the Annual United Hospital Fund Campaign. Gifts totalling \$28,900 were raised by the Roosevelt Hospital's Womens Committee. This was 107% of the Committee's quota.

A new and on-going project of the Committee is providing guides for tours of the Winston Building. These tours are so that donors to the Progress Fund may have the opportunity of viewing facilities which their contributions made possible.

It is with a deep sense of sorrow and with expressions of sympathy to members of her family that the Committee records the death on December 12, of our dear and faithful Miss Christine Kutka who had managed the shop since its opening in 1932. A memorial fund has been established in Miss Kutka's name and many generous gifts have been received in tribute to her and in remembrance of her many years of devoted service to Roosevelt.

We consider our year one of achievement and the conscientious cooperation of all volunteers is the secret of the Volunteer Department's success. It is a pleasure to work with those who so faithfully fulfill their responsibilities. We are most appreciative — and grateful thanks go to all from the Hospital. As always may I extend my personal thanks to those whose names appear on the following pages, many of whom serve so loyally year after year.



MRS. ALBERT LEE HAWES
CHAIRMAN

The VOLUNTEER COMMITTEE

1964

(as of February 1, 1965)

OFFICERS AND EXECUTIVE COMMITTEE

Chairman	Mrs. Albert Lee Hawes
Vice Chairman	Mrs. Howard E. Buhse
Recording Secretary	Mrs. Charles W. Goodeve
Corresponding Secretary	Mrs. J. Lenox Porter
Treasurer	Miss Katharine de B. Parsons
Representative to Board of Trustees	Mrs. Henry W. Cave

Members-at-large of Executive Committee

Mrs. James E. Thompson
 Mrs. Howard A. Patterson
 Mrs. Harold L. Suttle
 Mrs. Norman L. Hope
 Mrs. Clarence A. Dunn
 Mrs. William E. Delehanty

(Executive Committee consists of all the above)

STANDING COMMITTEES

Volunteer Services and Red Cross Nurses Aides & Courtesy Cart	Mrs. Howard E. Buhse
Volunteer Shop	Mrs. Clarence A. Dunn
Library	Mrs. Alfred Jaretzki, Jr. Mrs. Campbell D. Garrett*
Thrift Shop	Mrs. William E. Delehanty Mrs. John W. Geary**
Membership	Mrs. Norman L. Hope
Children's Recreational	Mrs. Gurney Taylor
Social Service	Miss Nancy Walker
United Hospital Fund	Mrs. Howard C. Adams
Sewing Group	Mrs. Charles G. Bush
Ball of the Roses	Mrs. M. Donald Grant Mrs. William Wendt*
Theatre Benefit	Mrs. J. Lenox Porter Miss Katharine de B. Parsons**
Special Projects	Mrs. Harold L. Suttle

*Chairmen *Vice-Chairmen **Co-Chairmen*

MEMBERS

ACTIVE

Mrs. Howard C. Adams	Mrs. Robert Abbott
Mrs. Frederick H. Amendola	Miss Rebecca Abraf
Mrs. Richard B. Ayer	Miss Kathleen Affelbach
Mrs. Daniel Bacon	Miss Patricia Alewicz
Mrs. Walter C. Baker	Miss Susan Allen
Mrs. Markle Bannard	Miss Mary Alonso
Mrs. George A. Benington	Mrs. Seymour Amlen
Mrs. Marshall Blankarn	Mrs. Richard H. Anthony
Mrs. Bruce Bliven	Miss Mary Arosemena
Mrs. Howard E. Buhse	Miss Elda Arroyo
Mrs. Charles G. Bush	Miss Annette Ashe
Mrs. William H. Cassebaum	Mrs. Seymour Ast
Mrs. Henry W. Cave	Mrs. Frederico J. Astudillo
Mrs. Stuart M. Crocker	Miss Nellie Audiffred
Mrs. Joseph F. Dawson	Miss Mary Bacianga
Mrs. William E. Delehanty	Mrs. Arias Baez
Mrs. Elizabeth Shaw Dreher	Mrs. Ann Bagley
Miss Jermain Duncan	Miss Jean Bailey
Mrs. Clarence A. Dunn	Mrs. Thomas Balmer
Mrs. Randall N. Durfee	Miss Sharyn Barbee
Mrs. Rodney G. Fiske	Miss Mary Barber
Mrs. Thomas B. Foster	Mrs. James N. Barnard
Mrs. Seaton Gales	Mrs. Ferne Barozzi
Mrs. Campbell D. Garrett	Miss Grace Barry
Mrs. John W. Geary	Mrs. Lynn Barton
Mrs. Charles W. Goodeve	Miss Carrie Batt
Mrs. M. Donald Grant	Miss Lorin Beck
Mrs. Herbert R. Hastings	Mrs. Henry Becker
Mrs. Albert Lee Hawes	Miss Felicity Bedeau
Mrs. Anne K. Holder	Miss Flinda Behringer
Mrs. Norman L. Hope	Mr. John Bendo
Mrs. Alfred Jaretzki, Jr.	Miss Judith Benton
Mrs. Rufus G. King	Mrs. Sarah Lee Berenberg
Mrs. Adrian Lambert	Miss Bee Bergman
Mrs. Robert L. Levy	Mrs. Israel Berman
Mrs. Frederic W. Lincoln	Mrs. Myron Berman
Mrs. Clifford D. Mallory	Miss Nettie Bernstein
Mrs. Edmund C. Monell	Miss Itala Bianchi
Mrs. J. Joseph Mylott	Mrs. John Bice
Miss I. Gertrude Ogden	Miss Lillian Biddle
Miss Katharine de B. Parsons	Mr. Frederick Bigger
Mrs. Howard A. Patterson	Mr. Craig Bishop
Mrs. Charles I. Pierce	Miss Hilda Bittman
Mrs. J. Lenox Porter	Miss Peggy Blackwell
Miss Jane L. Powell	Miss Rosanne Blair
Miss Ann C. Reinicke	Mr. Rafael Blanco
Mrs. George E. Roosevelt	Miss Bambi Blitz
Mrs. Philip J. Roosevelt	Miss Benjamin Bloom
Mrs. Albert C. Santy	Mrs. Charles Bonner
Mrs. Harold L. Suttle	Mrs. Robert Borges
Mrs. Gurney Taylor	Miss Jeannine Boris
Mrs. Charles R. Thompson	Mrs. Bess Borkowsky
Mrs. James E. Thompson	Mrs. William Borland
Mrs. Alfred G. Tuckerman	Miss Eileen Boucher
Miss Nancy Walker	Mr. William Brenner
Mrs. William Wendt	Miss Dora Brignoni
Mrs. William H. Wilson	Mr. Scott Brown
	Miss Margaret Buckner
	Mrs. Alan Burleigh
	Miss Jackie Burton
	Mrs. William H. Button
	Mr. William Butts
	Miss Kathleen Campbell
	Mrs. R. B. Campbell
	Miss Gwendolyn Canion
	Miss Rosalind Caplow
	Miss Beatrice J. Carchic
	Miss Rose Carlin
	Mrs. Kenneth Carruthers
	Mrs. Douglas Carson
	Miss Eileen Casey
	Miss Theresa Casey
	Mr. Paul Challan
	Miss Grimanesa Chavez
	Mr. Eric Chevere
	Miss Gloria Chizmadia
	Miss Judi Chock
	Miss Virginia Chogolian
	Miss Jo-Ann Christian
	Miss Shirley Christopher
	Mrs. Henry J. Clancy
	Miss Cyrilla Clarendon
	Miss Eileen Clarke
	Mrs. Richard A. Claybrook
	Mrs. Terence Clyne
	Mr. James Codero
	Mr. Jerry Cohen
	Miss Carol Ann Collins
	Miss Zolia Collins
	Mrs. Joan Colquhoun
	Mrs. Michael Conlon

*Deceased --- March - 1965

VOLUNTEERS in addition to Committee

Miss Dale Cooper	Mrs. Lewis Goldenheim	Miss Mary La Follette	Miss Nancy O'Meara
Miss Maureen Cooper	Mrs. Lewis Goldmacher	Miss Virginia La Motte	Miss Marie Onorata
Mrs. Maurice D. Cooper Jr.	Miss Sherry Goldman	Miss Ann Land	Miss Pam Orentlich
Miss Helen Cotter	Mrs. Hervé Goldner	Miss Fredda Landon	Miss Patricia O'Rourke
Miss Catherine Crawford	Miss Alicia Gonzalez	Mr. Hyman Landy	Mrs. Joseph Orscher
Miss Amanda Crider	Miss Margarita Gonzalez	Miss Ann Lane	Mr. Thomas O'Shea
Miss Nancy Lee Crosby	Miss Carol Gordon	Miss Rosalind Lanier	Miss Nancy Sine
Miss Joan Crouze	Mr. Ian Graham	Mr. Philip La Santa	Miss Beverly Singleton
Miss Marshala Cruickshank	Mrs. Violetta S. Graham	Mrs. Robert Law	Miss Rosemary Smith
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Miss Margaret Daly	Miss Phyllis Guastella	Miss Patricia Lester	Miss Marthe St. Cyr
Miss Lola Dalzelle	Miss Charlotte Gundersen	Mrs. Ben Levine	Miss Linda Steinberg
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Miss Barbara Davis	Mr. Gerald C. Hagen	Miss Helen Lieberman	Miss Charlene Stevens
Miss Charlene Davis	Mrs. Frederick Hains	Miss Diane Liebowitz	Miss Teresa Stevenson
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Miss Helen Estabrook	Miss Sally Hobson	Miss Marian Mahoney	Miss Joan Vannatta
Mrs. Ethel La Marche Eyre	Miss Delores Hoffman	Mr. Oswald Malave	Miss Diana Vega
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Mr. Dave Fener	Mrs. Charles Hoppin	Miss Irene Mancini	Miss Mary Vitulli
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Miss Gloria Fernandez	Miss Roberta Hudson	Miss Charlotte Marchuck	Miss Grace Wagner
Miss Louise Fernich	Miss Patricia Humbert	Miss Elodia Marco	Miss Mary Walbridge
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Miss Catherine A. Goeckel	Mr. Augustus Krug	Mr. William Notarangelo	Mr. Edmund Sheldon
Miss Yetta Golden	Miss Rita Kurz	Miss Regan O'Connell	Miss Lynn Shepard
	Miss Mary Kutzy	Mr. Robert O'Donnell	Miss Julie Shield



continuing flow of philanthropic support was received by The Roosevelt Hospital during the 12 months of 1964.

Including earnings on endowments, made possible by previous benefactors, as well as gifts, grants and bequests from 3,007 individuals and organizations, this totaled \$3,479,037 for the year.

The major benefaction was a grant in the amount of \$1,000,000 made to the Hospital for "general corporate purposes" by the James Foundation of New York, Inc.—and widely regarded as significant recognition of Roosevelt's future responsibilities.

Other benefactions included: three of \$100,000 and up . . . four of from \$50,000 to \$100,000 . . . twenty-nine of from \$10,000 to \$50,000 . . . 156 from \$5,000 to \$10,000 . . . and 2,814 of more nominal—but still deeply appreciated—amounts. Specific endeavors as follows were aided:

ANNUAL MAINTENANCE (gifts for "free medical care"; grants from the United Hospital and Greater New York Funds; proceeds of the 1964 Ball of the Roses, and investment income from general endowment, etc.) \$874,338

RESEARCH, TEACHING AND SOCIAL SERVICE ACTIVITIES, etc. (gifts and grants for such purposes including proceeds of the 1964 Theatre Benefit and earnings on special-purpose funds) 745,762

PRESENT AND FUTURE CONSTRUCTION (gifts to New Capital Projects; pledge payments to the Progress Fund and other gifts and grants for memorial facilities)

934,486

GENERAL ENDOWMENT (gifts and bequests for such purposes)

924,451

Total Philanthropic Support \$3,479,037

Included among gifts, received and applied as indicated, were many of a commemorative nature. Thus, there were significant additions to the roster of names that are enduringly identified with The Roosevelt Hospital and its missions in behalf of humanity.

As has been true down through the years, for such names there is perpetual remembrance. Each is usually linked either with a specific facility, and designated by bronze plaque, or with a continuing special-purpose fund, as well as inscribed in Hospital archives.

Indicative of the growing scope of this roll of honor are the many new "named" facilities which have come into being with the opening of the Winston Building.

There is scarcely a floor or a major facility, in this most recent addition to the Roosevelt complex, which is not dedicated either to recognition of interest and devotion or to remembrance. Several bronze plaques testifying to this have already been installed. Many others, as called for by gifts to the Progress Fund or voted by the Board of Trustees, are scheduled to follow.

THIS PAVILION
IS DEDICATED TO THE MEMORY OF
MAUDE MONELL VETLESEN
WHOSE GENEROUS INFLUENCE
ROOSEVELT WILL BE LONG REMEMBERED

Typical are: floors honoring Harriet Pratt Bush, Stephen C. Clark, Dr. Condict W. Cutler, Jr., Gayer G. Dominick, Fritz Kreisler, George Roberts and Maude Monell Vetlesen . . . and facilities commemorating Willis H. Booth, Edith W. L. Bush, Douglas Gibbons, Tesson Thayer Gibbons, Barbara Hatch Hartshorne, Harry Harkness Flagler, Edith Pratt Maxwell, Mae Cadwell Rovensky, George Emlen Roosevelt, and Thomas J. Watson, Sr.

There also will be plaques in appreciation of gifts made for specific facilities by Mrs. Marshall Blankarn, the Beinecke Foundation, Mrs. Simon Guggenheim, The Lillia Babbitt Hyde Foundation, W. Alton Jones, Katharine de B. Parsons, Helen Porter Prybil, the Roosevelt Hospital Nursing Alumnae Association and many others.

Among other plaques installed elsewhere at Roosevelt during the year were ones honoring George A. Benington, William F. Blowitz, Rose Greenhut Kaufman, Mrs. Grace Upjohn, and Dr. William Crawford White.

Encouragement of a continuing tide of philanthropic support for Roosevelt is the responsibility of the Hospital's Committee on Financial Resources, which seeks to make certain that everyone with concern for the Hospital or an interest in the neighborhood it serves, is advised of philanthropic needs and afforded opportunity for action.

To offset operating deficits and to make possible teaching and research endeavors of an essential nature, annual support of from \$1 million to \$2 million is required. Over and above this are continuing needs, of a substantial nature for replacements, expansion or new construction — including a current requirement of at least \$1 million to assure completion of building and renovation programs which are now in progress.

Gifts for any or all of these purposes — including tributes of a commemorative nature — are invited and will be deeply appreciated.

THIS FLOOR
IS A MEMORIAL TO
CONDICT WALKER CUTLER, JR., M.D.
AUGUST 2, 1888 - JULY 6, 1958
DISTINGUISHED SURGEON
GENEROUS BENEFATOR
ASSOCIATED WITH THE ROOSEVELT HOSPITAL FOR 45 YEARS
HIS LEADERSHIP AND INFLUENCE CONTINUE FROM GENERATION TO GENERATION

THIS ROOM
IS GIVEN IN MEMORY OF
DOUGLAS GIBBONS
BY HIS DAUGHTER
THAYER GIBBONS PORTER

THE
RICHARD F. MURPHY
ROOM
IN LOVING MEMORY
1882-1958

THIS ROOM
IS GIVEN IN MEMORY OF
EDITH W. L. BUSH
BY HER SON
DONALD F. BUSH

MEDICAL RESEARCH
LABORATORIES
DEDICATED TO THE MEMORY OF
GEORGE EMLEN ROOSEVELT

THE ROOSEVELT HOSPITAL BALANCE SHEET,

	1964	1963
Cash	\$ 618,254	\$ 544,127
Investments — bonds and stocks, at cost or contributed value (approximate market value— 1964, \$434,000; 1963, \$505,000)	434,213	505,358
Accrued interest receivable	129,251	159,644
Accounts receivable:		
Patients' care (less reserve — 1964, \$286,930; 1963, \$260,000)	1,817,964	1,161,809
Other	76,588	59,922
Supplies and materials — at cost	178,309	158,700
Prepaid insurance, etc.	44,142	29,018
Total current assets	<u>3,298,721</u>	<u>2,618,578</u>
Land and land improvements, at cost	326,147	323,355
Buildings and equipment, at cost (less accumulated depreciation — 1964, \$5,734,818; 1963, \$5,318,685)	16,553,914	6,295,840
Construction in progress	<u>387,459</u>	<u>9,310,668</u>
Total plant assets	<u>17,267,520</u>	<u>15,929,863</u>
Total	<u>20,566,241</u>	<u>18,548,441</u>
Cash	47,937	242,800
Investments — at cost or contributed value:		
Time deposits	3,000,000	3,000,000
Bonds and stocks (approximate market value— 1964, \$14,758,000; 1963, \$13,581,000)	11,975,032	11,604,875
Real estate	210,697	15,000
Mortgage receivable	112,141	116,128
Commercial notes, etc.	817,203	794,805
Accrued interest receivable	13,397	32,071
Total	<u>16,176,407</u>	<u>15,805,679</u>
	<u><u>\$36,742,648</u></u>	<u><u>\$34,354,120</u></u>

NOTES TO FINANCIAL STATEMENTS:

1. CAPITAL COST ALLOWANCE

Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York, the Hospital accrued capital cost allowances of \$159,183 during 1964 and \$129,922 during 1963 as part of its reimbursement for services rendered to AHS subscribers. The Hospital is required to maintain these allowances in a restricted fund to be used only for equipment replacement or modernization and replacement of existing buildings. Accordingly, these allowances have been transferred to funds for replacement and expansion of plant.

2. COMMITMENTS

The Hospital is constructing an addition to the Tower Memorial Building, to provide expanded psychiatric facilities, and certain facilities related to the Garrard Winston Memorial Building expansion project. Commitments for future expenditures in connection therewith aggregated approximately \$1,426,000 at December 31, 1964, including \$292,000 retained on completed work which has not been reflected in the accompanying balance sheet.

DECEMBER 31, 1964 AND 1963

	1964	1963
Accounts payable	\$ 552,475	\$ 219,639
Accrued payroll and other expenses	218,418	212,863
Temporary Funds	<u>971,891</u>	<u>879,731</u>
Total current liabilities and Temporary Funds ..	1,742,784	1,312,233
	18,823,457	17,236,208
 Total	20,566,241	18,548,441
 Special Funds:		
Unrestricted Gifts and Legacies Fund	1,099,498	1,051,059
Stuart M. Crocker Educational Fund	815,018	844,436
Progress Fund — for Winston Building and related facilities	<u>1,684,806</u>	<u>2,764,933</u>
Total Special Funds	3,599,322	4,660,428
Endowment Funds	10,644,412	9,694,766
Funds for Replacement and Expansion of Plant	<u>1,932,673</u>	<u>1,450,485</u>
Total	<u>16,176,407</u>	<u>15,805,679</u>
	\$36,742,648	\$34,354,120

3. RECLASSIFICATIONS

Certain minor reclassifications have been made in the accompanying financial statements for 1963 to conform to the classifications used for 1964.

4. RETIREMENT PLAN

The Hospital has in effect a non-contributory retirement plan for qualified employees. Under specified conditions certain employees have the option of making contributions to the plan. Current and past service costs of the plan to the Hospital for the year ended December 31, 1964 aggregated \$117,000. As of December 31, 1964 the unfunded past service cost, as estimated by the actuary of the plan, was approximately \$373,000, and is being funded over a twenty-year period ending in 1982. The Hospital may amend or terminate the plan at its option.

THE ROOSEVELT HOSPITAL

FOR THE YEARS ENDED DECEMBER 31, 1964 AND 1963

	1964	1963
Patient care and services (Note 1)	\$11,449,726	\$ 9,663,978
Temporary funds currently applied	414,397	297,201
Other	665,048	583,056
Total	<u>12,529,171</u>	<u>10,544,235</u>
Less:		
Allowances and provision for doubtful accounts ..	2,819,693	2,172,025
Associated Hospital Service of New York allowance for capital costs (Note 1)	159,183	129,922
Total	<u>2,978,876</u>	<u>2,301,947</u>
Operating income — net	<u>9,550,295</u>	<u>8,242,288</u>
Professional staff, nursing and special services	5,821,651	5,073,341
Outpatient services	563,778	500,619
Dietary	927,156	857,291
Household and property	1,339,192	1,158,988
Residence buildings	51,382	46,290
Administration and general	1,493,692	1,244,895
Provision for depreciation	435,539	421,336
Total operating expense	<u>10,632,390</u>	<u>9,302,760</u>
	<u>1,082,095</u>	<u>1,060,472</u>
From investments	584,155	519,588
United Hospital Fund and Greater New York Fund grants	135,082	152,600
Contributions for free medical care	155,101	138,989
Total	<u>874,338</u>	<u>811,177</u>
	<u>\$ 207,757</u>	<u>\$ 249,295</u>

See accompanying Notes to Financial Statements

THE ROOSEVELT HOSPITAL

FOR THE YEAR ENDED DECEMBER 31, 1964

	TEMPORARY FUNDS	GENERAL AND PLANT FUNDS	SPECIAL FUNDS	ENDOWMENT FUNDS	FUNDS FOR REPLACEMENT AND EXPANSION OF PLANT
 \$879,731	\$17,236,208	\$4,660,428	\$ 9,694,766	\$1,450,485
Contributions, grants, and legacies	703,787		246,240	925,938	592,226
Restricted investment income	24,767		126,862		2,718
Gains (losses) from investments sold or redeemed			(16,495)	(1,487)	143
Associated Hospital Service of New York —capital cost allowance					159,183
Professional fees and other income	75,999				
Temporary funds currently applied— transferred to current income	(414,397)				
Transfers between funds:					
For equipment acquisitions and building additions	(51,503)	1,795,006	(1,219,393)		(524,110)
For other purposes — net	(246,493)		(35,195)	25,195	256,493
Excess of expense for the year 1964 ...		(207,757)			
Grants and other			(163,125)		(4,465)
	<u>\$971,891</u>	<u>\$18,823,457</u>	<u>\$3,599,322</u>	<u>\$10,644,412</u>	<u>\$1,932,673</u>

See accompanying Notes to Financial Statements

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

March 16, 1965

Board of Trustees of The Roosevelt Hospital:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1964 and the related statement of current income and summary of changes in funds for the year then ended, and the supplemental schedules of the balances of temporary funds and endowment funds. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1964 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year, and the accompanying supplemental schedules, when considered in relation to the basic financial statements, present fairly in all material respects the information shown therein.

Yours truly,

HASKINS & SELLS

The MEDICAL BOARD

(as of March 31, 1965)

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Simon A. Beisler, M.D. / Vice President

Charles F. Stewart, M.D. / Secretary

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Gurney Taylor, M.D. / Chairman

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Ralph W. Gause, M.D. • R. Clark Grove, M.D. • Edmund N. Joyner, III, M.D. • Robert W. Laidlaw, M.D. • Michael J. Lepore, M.D. • Howard A. Patterson, M.D.
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CONSULTING AND VISITING CONSULTING MEDICAL STAFF

Surgery and Surgical Specialties

Surgical Service

Frank B. Berry, M.D., Thoracic
Lewis S. Booth, M.D., Anesthesia
Malcolm W. Carr, D.D.S., Dental
Daniel Catlin, M.D., Head and Neck
Clarence A. Dunn, D.D.S., Dental
Edgar L. Frazell, M.D., Head and Neck
Rudolph H. Friedrich, D.D.S., Dental
M. Beckett Howorth, M.D., Orthopedics
Charles W. Lester, M.D., Thoracic
Emanuel Papier, M.D., Anesthesia
Herbert Parsons, M.D., Neurosurgery
Osborn P. Perkins, M.D., Ophthalmology
Douglas Quick, M.B., Therapeutic Rad.
Bronson Ray, M.D., Neurosurgery
Algernon B. Reese, M.D., Ophthalmology
Donald M. Shafer, M.D., Ophthalmology

Gilbert P. Smith, D.D.S., Dental
Alan deF. Smith, M.D., Orthopedics
Alfred Stillman, M.D.

Donald G. McKay, M.D.
A. Purdy Stout, M.D.

Frank H. Peters, M.D.
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Ezra B. Sanford, M.D.
Howard F. Shattuck, M.D.
Cornelius Traeger, M.D., Arthritis
John Unterek, M.D., Physical Medicine
Carmine T. Vicale, M.D., Neurology
Sidney C. Werner, M.D., Endocrinology

Surgery and Surgical Specialties

Surgical Service

Frederick H. Amendola, M.D.
Howard A. Patterson, M.D.
James E. Thompson, M.D.

Thomas S. Royster, M.D.
Walter A. Wichern, Jr., M.D.
T. Scudder Winslow, M.D.

Attending Ob-Gynecologists
Justin T. Callahan, M.D.
David B. Crawford, M.D.
Arthur V. Greeley, M.D.
Barbara J. Logan, M.D.

Otolaryngological Service
Chief of Otolaryngology
R. Clark Grove, M.D.

Attending Surgeons

William H. Cassebaum, M.D.
J. Maxwell Chamberlain, M.D., Thoracic
Andrew M. Linz, D.D.S., Dental
J. William Littler, M.D., Plastic & Reconstructive
R. Sterling Mueller, M.D.
Charles F. Stewart, M.D.
David M. Weeks, M.D.

Assistant Attending Surgeons
Edward B. Armstrong, D.D.S., Dental
Lowyd W. R. Ballantyne, Jr., M.D., Plastic & Reconstructive
Melvin N. Blake, D.D.S., Dental
George K. Brazil, Jr., D.D.S., Dental
John T. Brennan, Jr., M.D.
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Charles Hillier, D.D.S., Dental
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E. Thomas Steadman, M.D.
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Margot Ammann, M.D.
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Attending Otolaryngologists
Chief of Otolaryngology
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Andrian Lambert, M.D.
J. Beall Rodgers, M.D.

Jr. Assistant Attending Surgeon
Chin Bor Yeoh, M.D.
Department of Obstetrics-Gynecology
Director of Obstetrics-Gynecology
Ralph W. Gause, M.D.

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Interns

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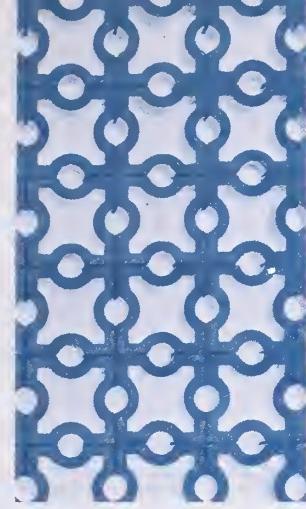
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1965 ANNUAL REPORT



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THE NEW LOOK that came to Roosevelt with the opening of the Garrard Winston Memorial Building—and now viewed as the forerunner of the shape of many things to come—is well illustrated by the photographs on this page. Dominating the waiting area of the Edith Pratt Maxwell Entrance Hall (above) is the unusual pierced ceramic screen, the design of which, for the third year, provides a decorative element for our Annual Report. To the right is a glimpse of a corridor on one of the seven patient floors. Throughout the new building, light, warmth and sparkling color prevail.



PRESIDENT'S REPORT

"Why," a patient wrote toward the end of 1965, "is everyone at Roosevelt so kindly and friendly as well as efficient?"

Nothing would be more gratifying than to feel that everything implied by such a question had consistently prevailed throughout the year. This would have assured the attainment, in large measure, of the basic purpose to which all that takes place at Roosevelt is dedicated, namely — provision of the best care possible for each and every patient. But, 1965 was a period of great challenge.

With increased bed capacity, day-to-day expenses continued to mount . . . there was need to complete the financing of expanded mental-health and child-care facilities . . . there were inconveniences caused by continuing construction . . . there was the November "blackout" with its potentials for tragedy . . . there was the task of preparing, at year's end, to cope with the paralyzing effect of a city-wide transit strike . . . and, on the near horizon, was the possible impact on all Hospital activities of implementation, in July 1966, of Medicare and the changing concepts of health-institution responsibility occasioned by this and other governmental action.

Under such circumstances, for everyone to have been invariably "kindly and friendly as well as efficient" would have verged on the miraculous. I am certain, however, that this was desired by all, and I am convinced that there should be satisfaction for friends and supporters of Roosevelt in the total accomplishment.

The highlights of a complete review for the year are set forth in the reports which appear later in this publication over the signatures of Dr. Gurney Taylor, as President of the Medical Board, Peter B. Terenzio, as Executive Vice-President, and Mrs. Albert Lee Hawes, as Chairman of the Volunteer Committee, and which are supplemented by statistical exhibits, photographs and financial statements.

To read these, I believe, is to understand anew the contributions that Roosevelt makes annually to the well-being, both of patients and of the New York community, and to appreciate, in increased measure, the broad scope of devotion, dedication, generosity, skills and talents that this involves.

My personal, as well as official, thanks go forward to the many who were part and parcel of the 1965 record — not the least

of whom were the 2,582 individuals and organizations whose generous gifts during the year eased our financial problems. I am sure that I speak for the patients who benefited, as well as for the community as a whole, in this expression of gratitude.

Statistically, as the data that follow bear witness, 1965 was a year of many superlatives. For example, the 12,494 patient admissions were the highest, by far, of any previous year in the Hospital's near century of service. Yet, as I see it, of all happenings, the most significant was a further involvement, on the part of Trustees, members of the Medical Staff, key personnel and donors, in action having to do with plans for the future. In consequence, there is today a clear-cut indication of the possible shape of things to come.

First of all, with the approval and encouragement of the Medical Board, there is now commitment on the part of the Board of Trustees to a Medical Staff system that calls for full-time Chiefs or Chairmen for major Departments. As of today, this applies to Medicine — the new post of Chairman of the Department of Medicine having been created on July 1st — and to Obstetrics-Gynecology, Pediatrics, Pathology and Radiology. In addition, appointments in the near future of Chairmen for Surgery and Psychiatry have been authorized.

This new system is designed, in essence, to coordinate, strengthen and broaden the Hospital's teaching and research programs toward the end that there should be further assurance of continuing excellence of patient care. One of the reasons for such action — and there are many — is that it should facilitate more prompt clinical application at the bedside of the many great

advances currently being made in medical technology.

Secondly, there is now general agreement that although our major goal must continue to be the provision of patient care of the highest quality, arrangements must be made for new dimensions of service — these to range over the entire health spectrum and to include, in addition to present concentration on acute care, detection of pre-acute phases of disease; care for both convalescent and chronic patients, and a further extension of Hospital responsibility for many aspects of community well-being.

This conclusion is based on studies, initiated several years ago by Trustee Committees, and subsequently intensified, particularly during the last six months of 1965, by the involvement, in many forms, of almost everyone concerned with Roosevelt matters. A major portion of this has been carried on by a committee of Medical Staff members that is functioning as an advisory arm of the Board of Trustees. Chaired by Dr. Albert A. Dunn and composed, for the most part, of chiefs or representatives of major services, this group began its deliberations with a two-day conference at West Point early in July. Subsequently, there have been many meetings and conferences; thoughtful evaluation — Department by Department — of all phases of Hospital activity, and the solicitation, from virtually all members of the Medical Staff, of comments, suggestions and recommendations.

From this comprehensive scrutiny have come findings which I believe represent a true consensus of attitudes. There is no desire for change simply for the sake of bigness or added prestige. What is recognized by all is that expansion of facilities

and scope of service is dictated by the complexities and challenges of current and anticipated trends in health, hospital and medical procedures.

Much of the detail is still to be defined. The over-all guide lines, however, are clear. These point to the early evolution of Roosevelt, from what for nearly a century has been, primarily, an acute-care hospital, to an institution of much broader scope — an institution that would function, in almost every sense of the word, as the “core facility for medical and health service in its neighborhood” and which might well justify description, in future years, as the “Medical-Health Hospital Center of Manhattan’s Mid-Town West Side.”

The essentials required to translate vision into actuality will include renovation and realignment of present facilities; expanded relationships with several other health agencies; a strengthening of our ties with other teaching and research institutions, particularly at medical college and university levels; the acquisition of additional property in our immediate neighborhood, and, without question, much new construction.

Accurate estimates of the probable costs are dependent on further decisions and the preparation of architectural designs for possible new facilities. It is obvious, however, that the total for “bricks and mortar” and essential new endowment will exceed, by far, any amount in dollars ever previously regarded as possible of attainment. This may be as much as \$25 million — it could possibly be in excess of \$50 million.

Epoch-making as such a goal would be, we have faith in the potentials for its achievement. Substantial financing has already been assured for several of the

projects even though they have yet to be clearly defined. Further generosity, of course, will be vital. We believe, however, that thoughtful recognition of the great benefits inherent in the realization of our *new dimensions of service* will provide justification for philanthropic action of a wide and significant nature. Moreover, we are confident that for all who help with gifts or grants, there will be many rewarding satisfactions.

During recent months it has been our privilege to welcome Edward H. Gerry and William S. Beinecke to membership on the Hospital’s Board of Trustees. I am personally grateful to both for joining us in this stewardship. I also want to thank the Board of Trustees as a whole for their continuing interest and dedication — and to pay particular tribute to Jack I. Straus, our Board Chairman, as well as Dr. Taylor, Mrs. Hawes, Mr. Terenzio, and their many associates, for the support each has accorded me in my first year as the Hospital’s President.

There are many awesome aspects to the responsibilities that came my way a year ago last December. These are compensated in large measure, however, by the dedicated help, inspiration and encouragement I have consistently received throughout the year from so many members of the Hospital family.



H. Whitfield Carhart
President

March 31, 1966

STATISTICAL HIGHLIGHTS FOR 1965

PATIENTS

In-patients	
Admissions	
Private	2,729
Semi-private	5,460
Ward	4,305
Total	12,494
Patient Days	
Private	28,547
Semi-private	63,478
Ward	65,171
Total	157,196
Births	597
Average Length of Stay	12.6 days
Percentage of Occupancy	85.5
Out-patients	
Individuals	20,417
Clinic Visits	
Allergy	26,302
Tower	56,250
Emergency	51,838
Total	134,390
Ambulance Calls answered	12,402

SERVICE

Number of services and clinics	47
Number of beds	515 plus 14 bassinets
Number of doctors on Medical Staff	299
Number of nurses	257
Total number of employees	1,540
Number of volunteer workers	549
Number of blood transfusions	4,209
Number of surgical procedures	6,490
Number of Social Service Department interviews and home visits	20,187
Number of x-ray films	180,776
Number of medication orders filled by Hospital Pharmacy	209,000
Number of laboratory tests	437,456
Number of patient meals served	441,115
Pounds of laundry processed	2,408,299
Space occupied by present facilities	563,835 sq. ft.

SCHOOL OF NURSING

Student enrollment	117
1965 Graduates	64
School Alumnae	1,963



MEDICAL BOARD

There are many matters that would seem to merit special mention, in a report from the Medical Board, on what took place during the 12 months of 1965 at The Roosevelt Hospital.

Happenings as a whole are well indicated, I believe, by the data set forth on page six of this publication under the heading, "Statistical Highlights for 1965." I commend this to the thoughtful attention of all friends of the Hospital.

Of outstanding significance was the appointment of Dr. Nicholas P. Christy as Chairman of the Department of Medicine, this being the third department to gain a full-time director. Dr. Christy, P & S '51, has been Associate Professor of Medicine at the College of Physicians and Surgeons and Associate Attending at Presbyterian Hospital. He will continue as Editor-in-Chief of the Journal of Clinical Endocrinology and Metabolism. An investigator of distinction in metabolic and endocrine diseases, Dr. Christy—in addition to assuming administrative responsibilities — will continue his investigative activities at Roosevelt and will be aided by a team of research fellows and technicians. He will also be responsible for the coordination and strengthening of our teaching endeavors. In this connection, it can be pointed out that our close relationships with the College of Physicians and Surgeons were both continued and expanded during the year. We now have a year-round undergraduate teaching program in the Departments of Medicine and Surgery.

Another significant event was the opening, early in April, of our new surgical facilities. These consist of eight operating suites with many ancillaries, including the latest in sterilizing equipment, two obser-

vation galleries and a doctors' lounge, and equipment for almost every type of surgical procedure. When the modernization of the old operating quarters in the Private Pavilion is completed, four additional general operating rooms, plus a urological suite, will be added to the present eight. Ready for use, also, will be a 28-bed recovery room, named in honor of the late Dr. Henry W. Cave. The first full-time Chief of Anesthesia, Dr. Richard L. Keenan, assumed his duties in April and since then he has been joined by an associate, Dr. Ronald Andree. The School of Nurse Anesthetists had 15 students enrolled in the two year course.

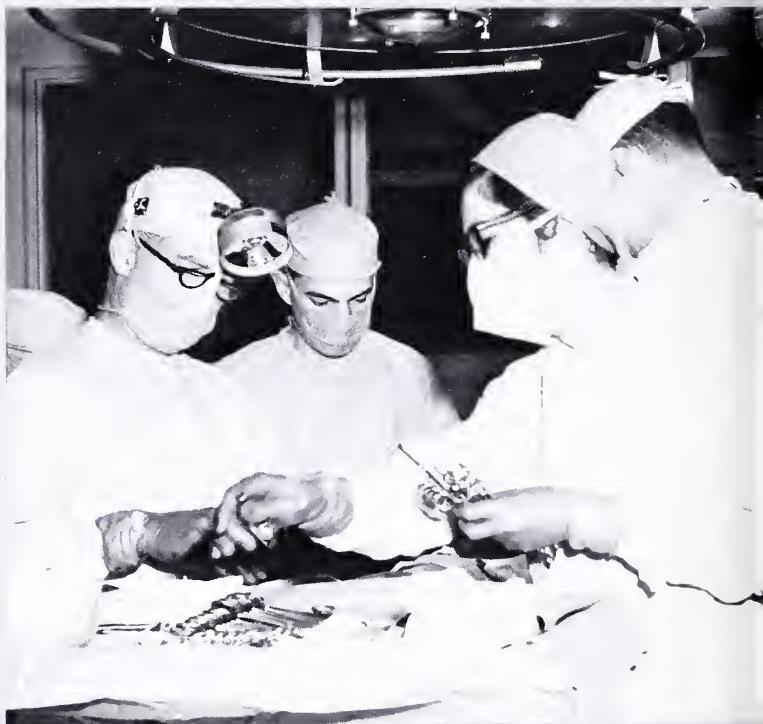
The Department of Obstetrics and Gynecology completed its first full year with a record total of 1004 gynecological operations and 597 deliveries. Two nurse-midwives were a feature of the Maternity Service. In July the Ambulatory Care Unit was opened on Private Pavilion 5th floor, this consolidating in one area the out-patient services for ante partum, post partum and gynecological patients as well as interviews with the nurse-counsellor and Social Service. This is a most valuable adjunct to the Maude Monell Vetlesen Maternity Pavilion.

The Department of Pediatrics continued to expand even though construction on its new floor was not finished. A small but very active newborn service is now a year old and, of course, this will be considerably enlarged as soon as the remainder of the obstetrical floor is finished. The attending staff was enlarged and the subspecialties of pediatric cardiology and pediatric neurology were covered by Board Certified specialists.

The Department of Psychiatry took a big step forward expanding its in-patient



VISION—as these photographs indicate—continues to be translated into reality. Above is a view of a corridor on one of the new patient floors in our expanded Psychiatric quarters. Its pleasant appointments typify the “non-institutional” atmosphere that prevails throughout this facility. To the right is a glimpse of an operation in progress in one of our eight new Operating Suites. Gift of the Booth Ferris Foundation, the new Surgical area is a memorial to Willis H. Booth.



capacity from 16 to 45 beds. The Day Care program provided a necessary service to the Hospital and the community in caring for patients who required more than clinic visits could offer without removing them from their positions in the community. In February, for the first time, students from The Roosevelt Hospital School of Nursing received their clinical psychiatric training at Roosevelt Hospital. There also were increased activities in the area of community psychiatry involving local schools and governmental agencies.

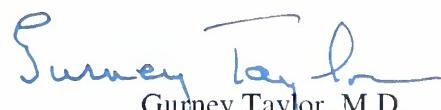
Also of importance, in terms of new facilities, was the transfer, in January, of the Department of Laboratories from 12 small rooms in the Syms Building to a complex of 45 rooms on the first floor of the Winston Building. These quarters constitute a memorial to the late Thomas J. Watson, Sr., a long-time Roosevelt Trustee. During the year several new tests were introduced. Planned for 1966 is fluorescence microscopy for rapid identification of micro-organisms, also a cytogenetics laboratory, and introduction of immuno-electrophoresis as a new procedure. The Department, it should be added, now has full four-year accredited residency training in Pathology.

To continue to single out and elaborate on every item of significance for the year would require much more space than is available in a publication of this nature. I believe, however, that the record also should show that . . . Roosevelt once again received — through the National Intern Matching Plan — its full quota of medical and surgical interns . . . the Intensive Care Unit continued to demonstrate great usefulness . . . and activities of all Services and Departments were in keeping with Roosevelt traditions. Moreover, attention should be called to the fact that the Medi-

cal Staff has had to assume more and more time-consuming responsibilities because of the changing pattern of medical care. The Medical Audit Committee has concerned itself with the standard of practice and now the Utilization Committee (a requirement written into the Medicare Law) is asked to evaluate the necessity or justification for each patient admission to the hospital.

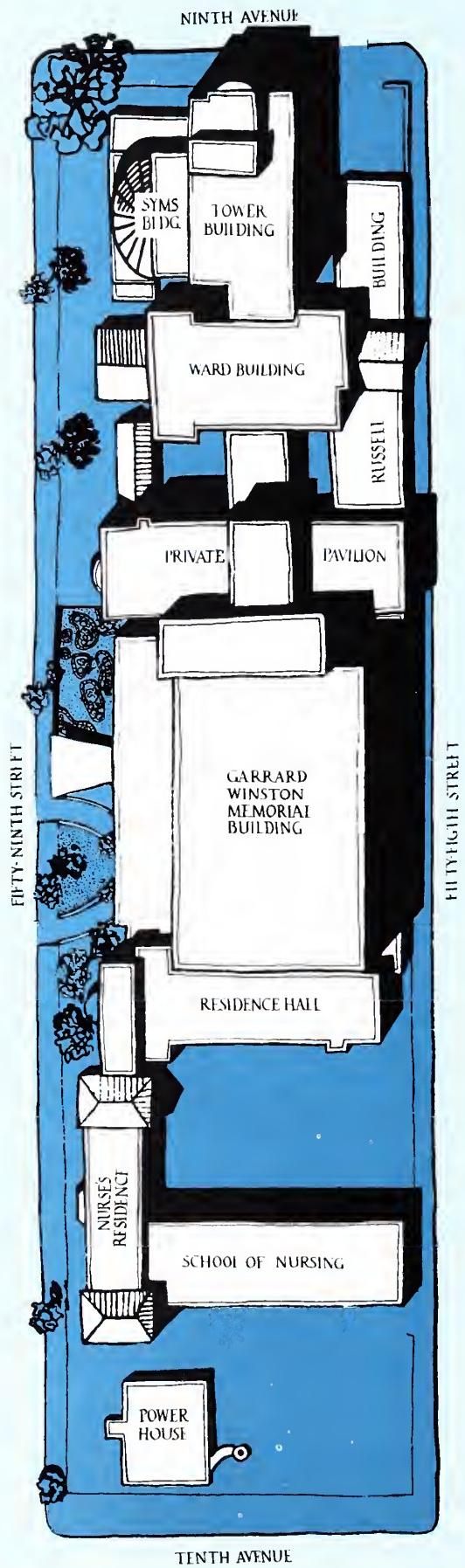
During the past year, four members of the Medical Staff reached the retirement age: Dr. Simon A. Beisler, Dr. James H. Barnard, Dr. Hilton H. Stothers, and Dr. Jan Ehrenwald. Dr. Beisler started his training at Roosevelt Hospital in 1925 and he has been Chairman of the Department of Urology since 1934. His distinguished career included serving as President of the American Urological Association. Dr. Barnard has been a member of the Allergy staff since 1932, coming to Roosevelt Hospital with Dr. Robert A. Cooke. Dr. Stothers has served on the Otolaryngology service since 1937, being one of our first bronchoscopists. Dr. Ehrenwald has been a member of the Department of Psychiatry since 1954 contributing both in research and in patient care. We are happy that these four gentlemen will continue their staff activities as consultants.

I am sure that I speak for the Medical Staff as a whole, as well as members of the Medical Board, in expressing gratitude to all who aided Roosevelt during 1965. Very sincere thanks for their support is extended, in particular, to the Board of Trustees, the Volunteer Committee and the Hospital's entire personnel.



Gurney Taylor, M.D.
President - 1965

BUILDINGS



ADMINISTRATIVE STAFF

Executive Vice President Peter B. Terenzio
Associate Vice President Eugene D. Vodev
Associate Vice President and Assistant Treasurer Harry O. Humbert
Associate Vice President Virginia Olson
Assistant Vice President Gary Gambuti
Assistant Vice President Joseph F. Toomey
Director, Nursing Service Nancy Rainville
Director, Management Engineering Eugene Burger
Director, Financial Resources Alex W. Burger
Personnel Director Norman Meyer
Director, Public Information Rosamond T. Nathanson
Director, School of Nursing Eileen O. Scott
Assistant Comptroller John J. Moloney
Assistant Comptroller Raymond McClellan
Admitting Robert Mitchell
Allergy Marcelle Johnson
Anesthesia Margaret Sullivan
Building Services S. Ruth Wiersom
Credits & Collection George Regan
Data Processing Raymond J. Brideau, Jr.
Dietary Patricia McCauley
Engineering Henry Zoeller
Gastroenterology Martha Swensson
Internal Audit Robert Yadesky
Laboratory Edith Wolf
Laundry Ernest F. Jones
Medical Records Betty Gregg Black
Pharmacy Ugo Caruso
Physical Medicine Cora Alice Taylor
Purchasing Wallace O. Banker
Radiology Lazarus Hochberg
Social Service Claire Wheat
Special Diagnostic Barbara Karpell
Volunteer Department Dorothy Fairfax



AMBULANCE AREA

ADMINISTRATION

At the administrative level, 1965 at Roosevelt was an era of exciting significance.

As the year started, there was the task of facing up to the increased responsibilities occasioned by the fact that for the first full 12-month period since the Hospital's founding, we would be a 500-bed institution. This was a situation almost akin, in many aspects, to the transition, in the field of education, of college to university—and it was replete with challenge for all members of the administrative team.

At year's end, we were anticipating further expansion, including the opening of a three-story addition to our Psychiatric facilities, the transfer of child-care accommodations to completely new quarters, and the completion of most of the secondary aspects of our Progress Fund program; we were deeply involved with the development of plans for the next decade, and there was need to prepare for the many calls that would be in store for institutions like ours with the introduction, as of July 1, 1966, of Medicare measures.

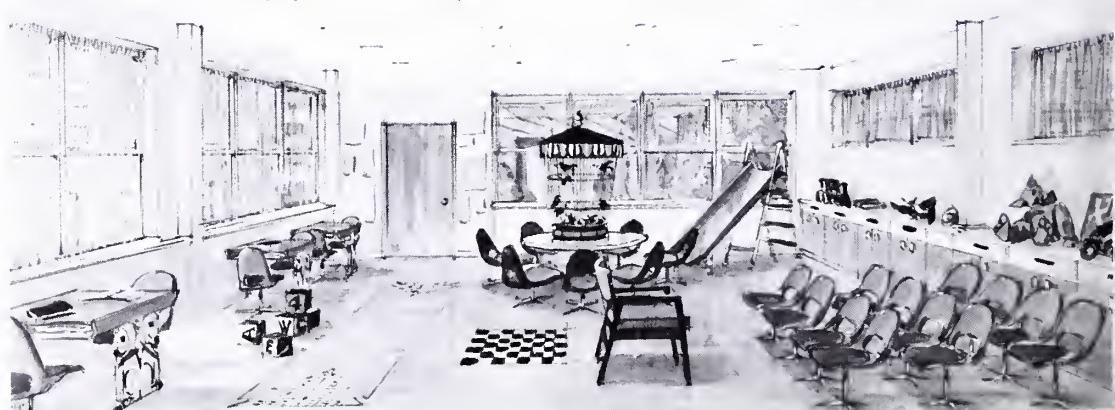
During the intervening months, treatment, at in-patient levels, was provided to 12,494 men, women and children, plus care for 597 newborns—a grand total that exceeded by more than 1,500 the in-patient population of any previous year in the Hospital's close to century of service. In addition, more than 12,000 ambulance calls were answered and at least 20,000 individuals were treated in our out-patient facilities.

Perhaps, in December, as we reached new peaks in service statistics, there should have been special ceremonies including "red-carpet" receptions for some of the patients involved. I like to think, however, that the care, in itself, was of a "red-carpet" nature. That was our aim for all who entered our doors, and even though we dealt, over the 12-month period, with more individuals than are to be found in many a medium-size American city, I believe we succeeded.

Dr. John H. Knowles of the Massachusetts General Hospital—who in 1964 delivered the second of our Stuart M.



NEWBORNS, as suggested by the nursery photograph (above), are now a day-in and day-out responsibility at Roosevelt. During 1965 there were 3,270 days of newborn care. And for the Department of Pediatrics as a whole, completely new accommodations are in the offing. Included will be a colorful Playroom-Solarium (architect's sketch below) contributed by Mrs. Simon Guggenheim.



Crocker Memorial Lectures—once wrote that for proper patient care there should be *caring* on the part of those responsible. This, I feel, was consistently realized throughout the year at Roosevelt. In addition to day-by-day evidence, there were two dramatic demonstrations.

First, there was the “blackout” of November 9th. Employees who were in the Hospital at the time remained and many, who had headed home, spontaneously returned as quickly as possible. Human assembly lines reaching to the top floors of every patient building were among the many functions performed by teams which included messenger boys, vice-presidents, dietitians, doctors, statisticians, secretaries and aides. I join the Board of Trustees in expressing thanks once again to all who made it possible for us to respond so superbly to this challenge.

Then, there was the transit strike and the need, in the midst of holiday observance, to make certain that despite travel difficulties there would be a round-the-clock maintenance of all Hospital functions. How well these preparations were made is now history. Regardless of much individual inconvenience and a goodly amount of what then seemed like personal hardships, full services were consistently maintained. Again, there was performance over and above normal duty and in the best of Roosevelt traditions.

Most people who choose to work in hospitals do so, it seems to me, because they are interested in much more than a livelihood. What they seek is a sense of personal fulfillment. This, I believe, was provided in good measure during the year to all Roosevelt employees. There is a feeling throughout the Hospital that every worker has a meaningful function, and

this, as I see it, contributes immeasurably to over-all proficiency and competence.

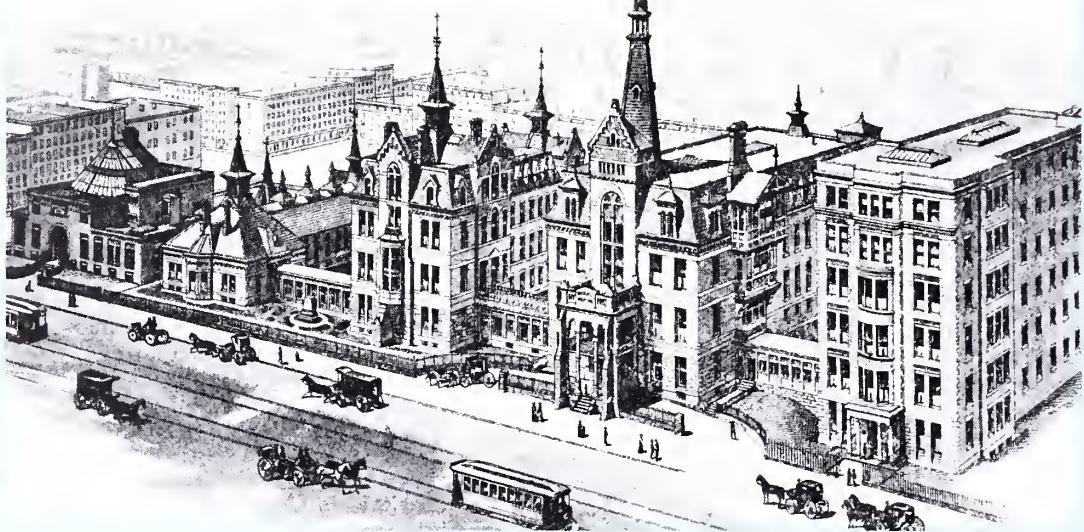
Few things are more powerful, it has been said, than “an idea whose time has come.” This is a concept, I believe, that motivates many of us at Roosevelt. Thanks to foresight and perception on the part of officers and trustees, there is general realization that these are days when an institution like ours must consistently look forward. Thus, as we find gratification in actual accomplishment, we also have the very rewarding experience of being called upon to help anticipate and keep pace with health, hospital and medical progress.

Planned for the months ahead are further crystallization of plans for the future in which personnel of the Hospital as a whole will be invited to participate . . . the application of the best of modern management principles to hospital practices toward the end that every dollar that comes our way—either from fees or donations—is put to the best possible use . . . and the strengthening of procedures that enable everyone identified with the Hospital to continue to do the best jobs of which they are capable.

I take pride in what happened at Roosevelt during 1965. I believe, however, that even greater things are in prospect. And, I count it a privilege to be among those dedicated to their achievement.



Peter B. Terenzio
Executive Vice-President



THROUGH THE YEARS AT ROOSEVELT

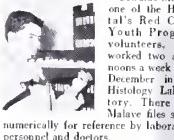
- 1863** — James H. Roosevelt died, leaving his estate to establish a hospital "for the reception and relief of sick and diseased persons."
- 1869** — Cornerstone laid on the present site.
- 1871** — Hospital opened with a bed capacity of 180.
- 1878** — Ambulance service established with horse-drawn wagon.
- 1881** — Out-Patient Department opened.
- 1892** — William J. Syms operating amphitheatre erected with seating capacity of 185. (Scene of many famous operations including those of Dr. Charles McBurney, who developed the fundamental features of modern diagnostic and operative techniques in appendicitis; and Dr. William S. Halsted, who worked out the principles of block and spinal anesthesia considered the "most important original contribution to surgery ever made by an American.")
- 1896** — School of Nursing founded; first class enrolled with 24 students.
- 1898** — Spanish-American War. Troops from nearby camps, suffering from typhoid and other epidemic diseases, cared for by the hospital. Ward V turned over to the government for that purpose.
- 1899** — Dr. Abraham Jacobi, "father of pediatrics," came to take charge of the new Catherine Bliss Ward for children.
- 1900** — First X-ray Department established.
- 1908** — Social Service Department established.
- 1912** — Harriman Research Laboratory built.
- 1914** — Students of Columbia College of Physicians and Surgeons admitted to Roosevelt wards for bedside teaching as clinical clerks.
- 1917** — Formation of Roosevelt-Mackay Unit which, as U.S. Army Base Hospital #15, rendered distinguished service in France during World War I.
- 1923** — New Ward Building (377 beds) replaced the old Ward Building of 1871.
- 1932** — Institute of Allergy moved to Roosevelt from New York Hospital where it was founded in 1918 by Dr. Robert A. Cooke.
- 1936** — Bedside and operating room teaching of fourth-year students from College of Physicians and Surgeons of Columbia University initiated.

- 1941** — Catastrophe Unit formed.
- 1942** — Formation of the Ninth Evacuation Hospital Unit which served in North Africa, Sicily, Italy, France and Germany during World War II.
Establishment of the Blood Bank.
New Private Patients Pavilion opened.
S.S. Normandy fire. Roosevelt nurses and doctors treated patients at pier. Ambulances rushed patients to the Hospital, where two special operating rooms were put into action, and extra beds were set up.
- 1949** — Opening of James I. Russell Memorial Building. Houses Emergency Room and male surgical patients.
Pilot program in out-patient psychiatry started at Roosevelt with the New York State Department of Mental Hygiene.
- 1950** — Fifth floor of Ward Building rebuilt to house Special Diagnostic Service and additional x-ray facilities.
Establishment of a formal Department of Physical Medicine and Rehabilitation.
- 1952** — Opening of the Henry Harrington Janeway Clinic for Therapeutic Radiology.
Establishment of Cytopathology Laboratory.
- 1953** — Tower Memorial Building opened for patient care—houses the Hospital's general and special clinics.
- 1955** — The \$1,000,000 wing of the School of Nursing completed.
- 1956** — Ninth floor of Tower Memorial Building opened, providing psychiatric in-patient care.
All Hospital facilities mobilized to aid rescued passengers of the stricken Andrea Doria.
- 1957** — A cobalt unit for therapeutic radiology installed in the Janeway Clinic.
Trauma Service formed as an integral part of Surgical Service.
- 1960** — Intensive Care Unit opened—one of the first to be established in Metropolitan New York.
- 1961** — Department of Psychiatry initiated two new services: Day Care Program and a 24-hour Emergency Service.
- 1962** — Department of Pediatrics reorganized with first full-time Chief.
- 1963** — Affiliation with Columbia University's School of Dental & Oral Surgery.
- 1964** — Opening of the new \$12,500,000 twelve-story Garrard Winston Memorial Building, expanding private and semi-private accommodations, research and laboratory facilities, conference rooms and ancillary service areas.
Opening of Obstetrical Service, with full-time Chief.
- 1965** — Three floors added to Tower Building for expansion of Psychiatric Service.



THE GIFT OF GIVING

Profile of a Volunteer



Oswaldo Malave, one of the Hospital's Red Cross Youth Program volunteers, has worked two afternoons a week as a volunteer in Hospital's Cafeteria. There, Malave files slumberously for reference by labora personnel and doctors.

Mr. Malave is 16 years old and junior at Commerce High School located opposite Lincoln Center. Being close to the Red Cross office from his school provided the means for him to become a Hospital volunteer. This meant taking a Red Cross volunteer course. "After that I knew I was to do hospital work as long as it did mean making beds," says Mr. Malave. "And I came to work at Roosevelt."

THE GIFT OF GIVING

Profile of a Volunteer



December will mark the end of Mrs. Albert L. Hawes' three-year term as Chairman of the Volunteer Committee. In this role, she has had little contact with hospital employees those who attended the first two annual Employee Award dinners will be pleased by her delightfully witty speech. When complimented on her superb performance and told, "you're so tall you should have been an actress," Hawes replied, "I was."

Mrs. Hawes was a dramatic major in the Boston School of Liberal and Applied Arts (now Bennett Junior Col and, for four years, a member of the oldest and best known repertory panies in the country, the Cleveland Shakespearian and the American stock company in Cranbrook, York, and once understudied the lead role in a major Broadway production. After she married, her husband's career took them up the theater— which she could not follow.

"It would seem that I have been a volunteer most of my life," Mrs. Hawes. "I started in Cleveland I was 18 years old and, after marriage became one of my major interests. I to Roosevelt because the chairwoman of Mrs. William E. Delahanty, a former member of the Board of Education, was a member of the Volunteer Committee."

Mrs. Hawes has worked in the V Shop and has served as chairman of the Social Service Fund for years. She has been a member of Ball of the Roses and Theatre B Committees, was elected vice chair of the Volunteer Committee in 1960 assumed the chairmanship in Jan 1962.

Mr. and Mrs. Hawes have summer Nantucket for many years. She admiringly completely addicted to surf fishing and boasts that on her last day's fishing a single unhooked hook caught and released 17 bluefish. "I wrote, also," she said, "that I use a wood billy."

She has taken courses in Chinese, but specializes in French cooking when she has time to cook. She an American "cuisine" and a American pressed glass.

When she completes her term as man, Mrs. Hawes plans to be "just a volunteer." Those who have worked her say, "One of the most dedicated, deeply involved volunteers one could ever hope to know."

1

THE GIFT OF GIVING

Profile of a Volunteer

Mrs. John E. Parsons, a Roosevelt Hospital volunteer since 1956, has worked 1,000 hours, or more, in the Hospital's Out Patient Department. She works in the Screening Clinic as receptionist for the doctor who examines outpatient during their temporary weight them and escorting them the examining room.

Located on Tower 2, the Screen Clinic helps many different people being examined by the doctor, some requiring special services, such as the Gastroenterology service, Diabetic Clinic; some are admitted as patients; for others, medications are prescribed or special tests are ordered.

For many of these people, this is first contact with Roosevelt; other perhaps a visit to the Emergency Room after they arrive frightened & benumbed. A soothing word from Parsons is usually enough to allay fears.

Mrs. Parsons likes to strike in with a new doctor each day she says, "these doctors rapport with patients four times as often as I do," pending upon visiting to be a tired smile, planned: "It was a 3-page paper in Puerto Rico, where he became teacher College, shy and his work is an activity. "There someone to e, when I can someth

THE GIFT OF GIVING

Profile of a Volunteer



In volunteers, who are on service, the phrase is self-explanatory assignments are recorded 25 to the Typical trip: admitting officer to room to designated department, way Clinic. Special Diagnostic, back to the room, and the patient's name, office or pediatrician name available but anyone fan with the Hospital's sprawling ge phy, the thought of 75 such trips hints a pretty good working definite a "good" working definite.

The fact that Mrs. Thompson familiar and welcome figure everyone in the Hospital is certainly due in her being on regular escort three days a week from 8:15 a.m. 3 p.m. It may also be attributed to fact that she is the one of most Hospital's distinguished chivalry and has been a volunteer 1944. A lady of many hats, Thompson served for three years chairman of the Volunteer Committee, chairman of the Ball of the Roses, as an active member of Progress Fund and on theatre committees. She also finds time to her husband with his medical practice to address couples and act as for married teenagers and young adults, a country house in Connecticut.

This versatility and hardboiled in her for accounted by the that before coming to Roosevelt Hospital spent six months with French Nursing Service. For months at a time she travelled on back in the mountains of Kent serving as a volunteer courier, "babies", which included under a crate of baby chicks or sausages.

The Thompsons have three children, Betsy, who has written a textbook Africa soon to be published by Houghton Mifflin, Jimmy who served for years in the Marine Corps graduated Yale in 1960 and was employed in guest, Jeffry, their youngest, is at Andover. In the years in which children were growing up, Mrs. Thompson managed to contribute over hours of voluntary service to Roosevelt Hospital.

She is a graduate of Barnard, was in Newark, New Jersey, but has been resident of New York City for years. Qualified Latin teacher, she a flat-top, and she has had a banking career and also a of her small patients. She remains even tiny babies like to hear words in their own language and Spas particularly has been very useful many of the little ones.

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Mr. and Mrs. Hawes plan to be "just a volunteer." Those who have worked her say, "One of the most dedicated, deeply involved volunteers one could ever hope to know."

1

THE GIFT OF GIVING

Profile of a Volunteer

Mrs. John E. Parsons, a Roosevelt Hospital volunteer since 1956, has worked 1,000 hours, or more, in the Hospital's Out Patient Department. She works in the Screening Clinic as receptionist for the doctor who examines outpatient during their temporary weight them and escorting them the examining room.

Located on Tower 2, the Screen Clinic helps many different people being examined by the doctor, some requiring special services, such as the Gastroenterology service, Diabetic Clinic; some are admitted as patients; for others, medications are prescribed or special tests are ordered.

For many of these people, this is first contact with Roosevelt; other perhaps a visit to the Emergency Room after they arrive frightened & benumbed. A soothing word from Parsons is usually enough to allay fears.

Mrs. Parsons likes to strike in with a new doctor each day she says, "these doctors rapport with patients four times as often as I do," pending upon visiting to be a tired smile, planned: "It was a 3-page paper in Puerto Rico, where he became teacher College, shy and his work is an activity. "There someone to e, when I can someth

THE GIFT OF GIVING

Profile of a Volunteer



Mrs. Katherine deB. Parsons has been a volunteer at Roosevelt Hospital since 1950, a member of the Volunteer Committee, and a trustee since 1954. In her 15 years volunteer work has contributed more than 5,000 hours.

During her first six years as a volunteer, Miss Parsons was a receptionist in the private floors, delivering mail and mail, escorting patients to the and answering phones at the mat

During her first six years as a volunteer, Miss Parsons was a receptionist in the private floors, delivering mail and mail, escorting patients to the and answering phones at the mat

From 1954-56 she was treasurer of the Vivian Leal and Byrne Fund, which was incorporated into the S Crocker Educational Fund. For years in the Educational Fund's Occupational Therapy.

1963, as assistant to the hospital, Prof. carried on on assignments. W 10-column led, "every gift i

I also presided at the 1963 Committee of Trustee

vice chairman, Beauf

unter to chalk up the total of 26,130 volunteer hours at a Cross Nurses' Aid during those years.

Since her stay in the Hospital and start as a volunteer, Miss Bianchi worked weekends, nights and holidays putting in 35 hours a week in addition to a regular full-time job.

Now, since her retirement three years ago, she has increased her generous hours at the Hospital to 30 hours a week.

During most of Mrs. Bianchi's volunteer service, she worked as a nurse's aide in the Pediatric Department of the Hospital and babies are her favorite patients.

She also finds time to her husband with his medical practice to address couples and act as for married teenagers and young adults, a country house in Connecticut.

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Profile of a Volunteer

Mrs. Ward R. Zimmerman has been a volunteer at Roosevelt Hospital for four years and each day she serves, fulfilling a now made a long

About 20 years ago, she underwent surgery and was unable to work. At that time, she made a promise that, when the day came that she free time, she would volunteer her services to a hospital. Four years ago reached this point in her life and, in the immediate neighborhood, can Roosevelt.

Although Mrs. Zimmerman works two days of service each week, she in previous years, come into the Hospital three and four times a week. And Volunteer Department knows that can be called, and will come sh

needed. She is a member of the Volunteer S Committee, a group which assists

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Early Wednesday mornings the pa

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Margaret C. Timpa and Mrs. Lyon Wil

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VOLUNTEERS

Members of the Volunteer Committee were happy, indeed, to feel that we were part of the ferment that was taking place at Roosevelt during the 12 months of 1965. As our new year began, we heard from Mr. Carhart, President, about the importance of "a blueprint for controlled and guided growth" and at the year's end, Mr. Straus, Chairman, provided further information about the Hospital's future plans.

Our own activities consisted, once again, of "gifts of giving" — with measurements in terms both of time and money. There were 549 Volunteers who provided a total of 53,611 hours of service, in a wide variety of capacities, to the Hospital and its patients. We also carried on activities that produced financial support, totaling \$94,233 which, in turn, was given as gifts to the Hospital throughout the year.

From the 12th Annual Ball of the Roses came \$41,106 which is applied to free or below-cost patient care; from the 1965 Theatre Benefit — "Do I Hear A Waltz?" — came \$17,791 which is applied to the Pediatric building fund; from the United Hospital Fund campaign came \$17,992; from the Generosity Thrift Shop — 1237 Third Avenue — came \$15,632, and from the Volunteer Gift Shop — at the Hospital — came the balance of this most gratifying total.

Major disbursements made by the Volunteer Committee — in addition to those previously cited — included the following:

\$5,167 to the Social Service Department
\$5,000 to the Department of Radiology
\$1,795 to the Department of Anesthesia
\$1,700 to the Department of Laboratories

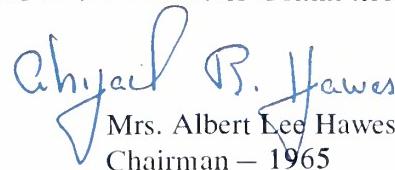
\$1,500 to the House Staff Recreational Equipment Fund
\$1,000 to the Medical Arts Department
\$497 for toys, etc., for the Department of Pediatrics
\$470 to the School of Nursing
\$450 for an Occupational Therapist Summer Student

Something new, which seems to have pleased both doctors and patients, was the introduction of pink uniforms for Volunteers. These, I think, add a colorful note to the Roosevelt atmosphere and are in keeping with the "new look" that came to the Hospital with the opening of the Winston Building. We also take pride in the fact that the Constance McLane Mohun Library circulation during the year consisted of 15,402 items. The year also marked the establishment of an escort service for patients to weekly entertainment programs in the conference room.

As of January 18, 1966, there was a new panel of officers. Mrs. Howard E. Buhse became Chairman, Mrs. Norman L. Hope, Vice Chairman, and Mrs. Daniel Bacon, Representative to the Board of Trustees.

My sincere and best wishes are extended to the new leaders of our Volunteer Committee and, as my term of office ends, may I, for the last time, express my personal thanks to all our splendid and worthy Volunteers whose endeavors are deeply appreciated — we need you, and your continuing response is gratifying to all.

It has been a privilege and pleasure to serve The Roosevelt Hospital and the dedicated ladies of the Volunteer Committee.


Mrs. Albert Lee Hawes
Chairman — 1965

THE VOLUNTEER COMMITTEE
 (AS OF MARCH 31, 1966)

Officers and Executive Committee

Chairman	Mrs. Howard E. Buhse
Vice Chairman	Mrs. Norman L. Hope
Recording Secretary	Mrs. Charles W. Goodeve
Corresponding Secretary	Mrs. J. Lenox Porter
Treasurer	Miss Katharine deB. Parsons
Representatives to Board of Trustees	Mrs. Daniel Bacon

Members-at-Large of Executive Committee

Mrs. Albert Lee Hawes
Mrs. James E. Thompson
Mrs. Harold L. Suttle
Mrs. William E. Delehanty
Miss Jermain Duncan
Mrs. Alfred G. Tuckerman
Mrs. R. Sterling Mueller

(Executive Committee consists of all the above)

Standing Committees

Volunteer Services & Red Cross	Miss Jermain Duncan
Volunteer Shop	Mrs. R. Sterling Mueller
Library	Mrs. Alfred Jaretzki, Jr.
Thrift Shop	Mrs. William E. Delehanty Mrs. John W. Geary**
Membership	Mrs. Alfred G. Tuckerman
Children's Recreation	Mrs. Gurney Taylor
Social Service	Mrs. James E. Thompson
United Hospital Fund	Mrs. Albert Lee Hawes
Sewing Group	Mrs. Charles G. Bush
Ball of the Roses	Mrs. M. Donald Grant Mrs. Charles I. Pierce*
Theatre Benefit	Mrs. Seaton Gales
Hospitality	Mrs. Thomas B. Foster
Special Projects	Mrs. Harold L. Suttle

Members

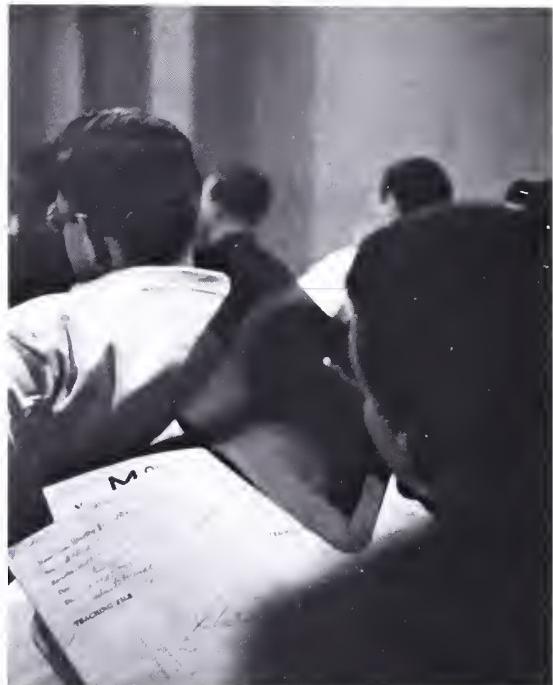
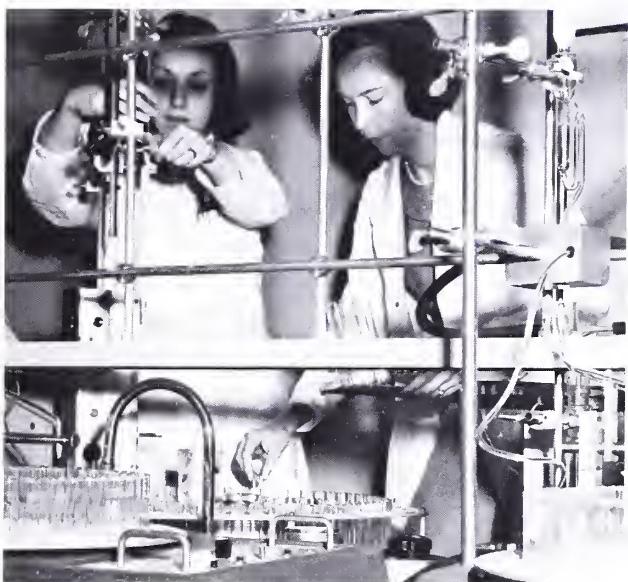
Active	Mrs. Howard C. Adams Mrs. Frederick H. Amendola Mrs. Daniel Bacon Mrs. Walter C. Baker Mrs. Markle Bannard Mrs. George A. Benington Mrs. Marshall Blankarn Mrs. Howard E. Buhse Mrs. Charles G. Bush Mrs. William H. Cassebaum Mrs. Henry W. Cave Mrs. Henry J. Clancy Mrs. Stuart M. Crocker Mrs. William E. Delehanty Mrs. Elizabeth Shaw Dreher Miss Jermain Duncan Mrs. Clarence A. Dunn Mrs. Thomas B. Foster Mrs. Seaton Gales Mrs. Campbell D. Garrett Mrs. John W. Geary Mrs. Charles W. Goodeve Mrs. M. Donald Grant Mrs. Charles S. Haight, Jr. Mrs. Herbert R. Hastings Mrs. Albert Lee Hawes Mrs. Anne K. Holder Mrs. Norman L. Hope Mrs. Alfred Jaretzki, Jr. Mrs. Rufus G. King Mrs. Robert L. Levy Mrs. Frederic W. Lincoln Mrs. Clifford D. Mallory Mrs. R. Sterling Mueller Mrs. J. Joseph Mylott Miss I. Gertrude Ogden Miss Katharine deB. Parsons Mrs. Howard A. Patterson Mrs. Frederick Pease Mrs. Charles I. Pierce Mrs. J. Lenox Porter Miss Ann C. Reinicke Mrs. George E. Roosevelt Mrs. Philip J. Roosevelt Mrs. Albert C. Santy Mrs. Harold L. Suttle Mrs. Jack I. Straus Mrs. Gurney Taylor Mrs. James E. Thompson Mrs. Alfred G. Tuckerman Miss Nancy Walker Mrs. William Wendt Mrs. T. Scudder Winslow
Associate	Mrs. Bruce Bliven Mrs. Randall N. Durfee Mrs. Edmund C. Monell Miss Jane L. Powell Mrs. William H. Wilson
Honorary	Mrs. Francis D. Bartow Mrs. F. Wilder Bellamy Mrs. Donald F. Bush Mrs. Elisha Dyer Mrs. John N. Irwin II Mrs. Frederic R. King Mrs. C. Peabody Mohun Mrs. John K. Roosevelt Mrs. Howard C. Taylor, Jr. Mrs. Roger Tuckerman Mrs. Eugene P. Warner Mrs. Julian L. Woodward

1965 VOLUNTEERS in addition to Committee

Miss Jean Aaron	Miss Judith Feldman	Mr. Roger Keppel	Miss Jean Ryall
Mrs. Edgar Adsit	Miss Gloria Fernandez	Miss Josephine Kossol	Mr. Robert Ryall
Miss Kathleen Afflerbach	Miss Lourdes Fernandez	Mrs. Richard Krebs	Miss Fannie Saks
Miss Mary Alonso	Miss Louise Fernich	Mrs. Jacques Kreisler	Mrs. Samuel Salzberg
Miss Lois Alpert	Miss Emily S. Fields	Mr. Augustus Krug	Mr. Ralph Sanabria
Miss Cheryl Alston	Mr. James Fisher	Miss Mary Kutzy	Mrs. Albert Saria
Miss Susan Amendola	Mr. Rodney G. Fiske	Miss Ann Land	Miss Kathleen Scarry
Mrs. Seymour Amlen	Miss Henrine Fitzgerald	Mr. Hyman Landy	Miss Ellen Schaffer
Miss Catherine Anpher	Miss Shirley Fitzgerald	Mr. Robert Lang	Miss Lore Schloss
Mrs. Richard H. Anthony	Miss Florena Flores	Miss Barbara Lavin	Mrs. Herman Schneider
Miss Jean Arfi	Mr. Kenneth Foo	Mrs. Robert Law	Mrs. Theodore Schneirla
Miss Joan Arida	Mrs. A. T. Fowler	Miss Deborah Lawrence	Miss Sylvia Schultz
Miss Mary Arosemena	Miss Elba Franco-Llenas	Miss Elizabeth Lawrence	Miss Mary Scott
Mr. Joseph Aschenbrandt	Mrs. George Frier	Miss Thea Lehmann	Mrs. Frances Schwartz
Mr. Saverio Ascoli	Miss Leigh Frith	Miss Marion Lennox	Mrs. Robert Sellner
Mrs. Seymour Ast	Mrs. Alexander K. Gage, Jr.	Miss Victoria Lenzi	Miss Mary Sharp
Miss Mildred Babich	Miss Blanche Gallet	Mrs. Ben Levine	Mrs. George Shearer
Miss Mary Bacianga	Mr. Newell Garfield	Mrs. Charlotte Levitt	Miss Kathleen Sheehy
Mrs. Thomas Balmer	Mr. David Gause	Miss Anna Lopez	Miss Margaret Sheehy
Miss Dolores Barbadillo	Mrs. Ralph W. Gause	Mrs. Maxwell Low	Miss Maureen Sheehy
Miss Dorothy Barbadillo	Miss Peggy Geiger	Miss Shirley Low	Miss Lynn Shepard
Miss Sharyn Barbee	Mrs. John C. Georgi	Mrs. Ethelyn Lucas	Miss Phyllis Sherlock
Mrs. James Barnard	Miss Nona Getz	Mrs. Maurice Luft	Mrs. John E. Sidelinger
Miss Emma Barnsley	Mrs. Susanne Gill	Miss Rosa Lugo	Miss Vera Siemionow
Miss Grace Barry	Mr. Robert I. Ginsberg	Miss Faye Lumet	Mrs. Reddy Silver
Miss Carrie Batt	Miss Aileen Glynn	Miss Mary McCrann	Miss Ricki Silverstein
Mr. Frederick Benjamin	Miss Catherine A. Goeckel	Mrs. Theodore McCullough	Miss Susan Simon
Mrs. Sarah Lee Berenberg	Miss Yetta Golden	Miss Janet McGrath	Miss Melanie Simpson
Miss Katherine Berger	Mrs. Lewis Goldenheim	Miss Eugenia McMath	Miss Beverly Singleton
Mrs. Israel Berman	Miss Margaret Goldin	Mrs. William MacDonald	Miss Sandra Skovlin
Mrs. Myron Berman	Mrs. Lewis Goldmacher	Mr. Jose A. Machado	Mrs. George Smith
Miss Mary Kathleen Berrie	Miss Amy G. Goldring	Miss June Mackie	Miss Sylvia Soden
Miss Itala Bianchi	Mr. Frederick Goldstein	Miss Barbara Maclean	Mrs. Dorothy Southwell
Miss Payne Blackburn	Miss Susan Goldwitz	Miss Violetta Madero	Mrs. John C. Spalding
Mrs. Benjamin Bloom	Mrs. Gladys Gomez	Miss Elizabeth Madewell	Miss Patricia Spice
Miss Eve Bokosky	Miss Alicia Gonzalez	Miss Linda Magel	Miss Regina Steinberg
Mrs. Robert Borges	Mrs. Nathan Gotthoffer	Mr. Oswaldo Malave	Mrs. Irma Stern
Mrs. Bess Borkowsky	Mrs. Michael D. Grant, Jr.	Miss Helen Marquez	Miss Teresa Stevenson
Miss Eileen Boucher	Miss Isabel L. Gray	Miss Mary Martyr	Mrs. Victor Strauss
Mr. George Bradford	Mrs. Frederick Greenbaum	Miss Barbara Jane Maselli	Miss Griselda Swilley
Miss Anne Brady	Mrs. Justin L. Greene	Mrs. James Mason	Miss Oksana Szaucsur
Mrs. Barbara Brennan*	Mrs. William D. Greene	Mrs. Percy Mason	Miss Irene Szathmary
Mr. William Brenner	Miss Debby Greenwald	Mrs. Margaret Meserve	Mr. Charles Tackney
Mr. Lorack Brown	Mr. Michael Gregory	Mrs. Arnold Miller	Miss Alice Taylor
Miss Patricia Brown	Mrs. William R. Griffith	Mrs. Sylvia Miller	Miss Pamela Taylor
Miss Margrit Brulhart	Miss Eva Gruna	Mr. John Milne	Miss Patricia Taylor
Miss Joan Burdge	Mrs. Gertrude M. Grynbauam	Mr. John Minervini	Mr. Steven Taylor
Mrs. Morgan Burke	Miss Phyllis Guastella	Miss Martha Montoya	Mrs. Alfonso Tello
Mrs. Jane Burleigh	Mrs. Frederick Hains	Miss Theresa Montoya	Miss Joy R. Tello
Mrs. William Button	Mrs. David Handman	Miss Annie Moore	Mrs. Francis Thomas
Miss Beverly Byalick	Miss Patricia Hannigan	Mrs. John Morris	Mrs. Janet Thomas
Mrs. William Byrd	Mrs. William B. Harding	Mrs. M. M. Morris	Miss Ann Thomson
Mr. Miguel Camacho	Miss Margaret Harrigan	Mrs. Irving Morrison	Miss Winifred Tilney
Miss Jeramy Campagna	Mrs. Charles C. Harrold	Mr. Homer C. Mueller	Miss Margaret C. Timpson
Miss Jeanette Campbell	Mrs. James S. Hays	Mrs. Netty Munk	Miss Marcia Titus
Miss Patricia Campo	Miss Joan Headlip	Mr. Chester Munsen	Miss Stephanie Titus
Miss Beatrice J. Carcich	Miss Elaine Hedley	Miss Ruth Murphy	Mr. Edward Tobias
Mrs. Mario Carnesale	Miss Ana Marie Heimpel	Miss Ruby Murrell	Mr. Edilberto Torres
Mrs. Douglas Carson	Mrs. Geoffrey Hellman	Miss Irene E. Musil	Mrs. Isiah Townsend
Miss Roberta Castanos	Mrs. Carol Heiferman	Mr. Reginald Nelson	Mr. Frank P. Trachtenberg
Mrs. Jessie Celestin	Mrs. John Henderson	Miss Michelina Neri	Miss Barbara Tymann
Mr. Donald Charles	Mrs. Arthur Hernandez	Miss Helen L. Neuman	Mrs. Herbert P. Van Ingen
Miss Lillian Chernoff	Miss Harriet Higgins	Mr. William Notarangelo	Miss Joan Vannata
Mr. Eric Chevere	Miss Mary Jane Hill	Mrs. Erna Nugent	Miss Elizabeth Van Wickler
Mrs. Benjamin Ching	Miss Judith Hill	Mr. Robert O'Donovan	Miss Diana Vega
Miss Dorothy Chusid	Miss Ruth Hirsch	Miss Colleen O'Rourke	Miss Cielo Velasquez
Mrs. Caesar Cirigliano	Mr. Archibald R. Holderman	Miss Kathleen O'Shea	Miss Mary Viglione
Miss Irma Clavell	Mrs. Daniel Hollywood	Miss Paula Park	Miss Mary Vitulli
Mrs. Richard A. Claybrook	Miss Kathleen Hopwood	Miss Mary Parker	Mrs. Wayne Von Allman
Mrs. Terence Clyne	Miss Patricia Humbert	Mrs. John E. Parsons	Miss Brigitte Waack
Mrs. Carlos Cobreiro	Miss Sallie Hunter	Miss Anne Patterson	Miss Dina Walker
Mr. James Codero	Mrs. Louis Iacueo	Miss Nina Pellegrini	Mrs. Frank Warren
Miss Carol Ann Collins	Miss Mary Irish	Miss Suzanne Phipps	Miss Rea Wattford
Miss Mary Cosgrove	Mrs. C. Merrill Irvine	Mrs. Ronald Pinela	Miss Annette Watson
Mrs. Barney Cott	Miss Shelley Isaac	Mrs. Fan Press	Miss Mary L. Weatherbee
Miss Helen Cotter	Mrs. Ellen Jacobs	Mrs. Isaac Price	Miss Kenda Weisberg
Miss Irma Creque	Mrs. Harold Jacobs	Miss Sandra Raff	Mrs. R. Weiss
Miss Mary E. Crowley	Mrs. Milton A. Jacobs	Mrs. George Raymond	Miss Immorjean Wellington
Mr. Leo P. Culhane	Mr. Thomas Jacobs	Miss Lorraine Reddy	Miss Mary Ann Welsh
Miss Eleanor F. Daley	Mr. Isaac Jaffe	Mrs. Ben Reig	Miss Joanne Weston
Miss Lola Dalzelle	Mrs. Isadore Jaffe	Miss Margaret Reiher	Miss Carolyn Wheat
Miss Adrienne Davis	Miss Nancy Jarema	Mr. Ricky Remy	Mrs. Jay Wiener
Mrs. Asa B. Davis	Mr. John Jessup	Miss Jo Ann Renda	Mr. Andrew Wilking
Miss Barbara Davis	Miss Karen Johnson	Miss Phyllis Rhinelander	Mr. John Wilkins
Miss Anne De Gregory	Mrs. Elizabeth A. Jones	Miss Cynthia Rice	Miss Jean Willard
Mrs. Agnes Denny	Mrs. Alice Jordan	Miss Linda Rice	Mr. Gregory Williams
Mrs. Robert de Ovies	Mrs. Howard Jordan	Miss Eleanor A. Rittenhouse	Mrs. Lyon Williams
Mrs. Margaret Devine	Miss Leila Joyner	Miss Patricia Ritz	Miss Susan Wills
Miss Veronica Dillon	Miss Annemarie Kachele	Mr. Clive Roberts	Mrs. Olveros Wilson
Miss Yolanda Di Milta	Miss Juliet Kafka	Mr. Raymond Roberts	Miss Alexandra Winkelhorn
Mr. Jeremiah Dixon	Mrs. George Kaldy	Miss Maria Rodriguez	Mrs. Charles Wishner
Mr. Gordon Douglas	Miss Rosemarie Kalinich	Mr. Stuart Roeder	Mrs. Lou Wright
Mrs. Kenneth Dovel	Mrs. Rose Kantor	Miss Elsie Rosario	Miss Susan Wuyckens
Mr. Hillel Ducat	Mrs. Vivian Karp	Miss Debbie Roseman	Mrs. Michael Wynne
Miss Theresa Duffie	Miss Marjorie Katzenstein	Miss Cecile Rosenberg	Miss Dorothy Zack
Mrs. Fern Elphick	Mr. Keith Kauffman	Mr. Leon Rosenkranz	Mrs. Bernard Zeldin
Mrs. Ethel Elwell	Mrs. Herbert C. Kaufman	Mrs. Arthur Roth	Mrs. Ward Zimmermann
Mrs. Ethel La Marche Eyre	Miss Mary Kelley	Mr. Edward Rozzo	Miss Carol Zinn
Miss Mildred Fairbairn	Miss Catherine Kennedy	Miss Adelia Russo	Mrs. Enid Zlotnick
Mrs. Irving Feirtag	Miss Helen Kennedy	Mrs. David C. Rutgers	Mrs. George Zuckerman

*Deceased November—1965

TEACHING AND RESEARCH—as suggested by the photographs on this page—are a continuing part of the Roosevelt mission. This provides for a climate of inquiry that constantly contributes to excellence of patient care.



PHILANTHROPIC SUPPORT

Including earnings on endowments, made possible by previous benefactors, as well as gifts, grants and bequests from 2,582 individuals and organizations, philanthropic support received during the 12 months of 1965 totalled \$2,971,308.

Specific endeavors as follows were aided:

Annual Maintenance (gifts for "free medical care"; grants from the United Hospital and Greater New York Funds; proceeds of the 1965 Ball of the Roses, and investment income from general endowment, etc.)	\$904,460
Research, teaching, and social service activities, etc. (gifts and grants for such purposes and earnings on special-purpose funds)	637,635
Present and future construction (gifts for the expansion of Psychiatric facilities and for the renovation of Pediatric accommodations, including proceeds of the 1965 Theatre Benefit, and other gifts and grants, etc. for building purposes)	678,041
General endowment (gifts and bequests, etc. for such purposes)	751,172
Total	\$2,971,308

There were three benefactions during the year of \$100,000 and up . . . four of \$50,000 to \$100,000 . . . six in the \$25,000 to \$50,000 range . . . seventeen of from \$10,000 to \$25,000 . . . and 131 of from \$1,000 to \$10,000.

Of the benefactions received, many were of an "in memory" nature. Thus, there were further additions to the roster of men, women and children for whom there is continuing remembrance at Roosevelt and in whose names significant activity is dedicated. Included are names appropriately identified either with a specific facility or with a continuing special-purpose fund.

The task of encouraging a constant flow of philanthropic support for Roosevelt continues to be the responsibility of the Hospital's Committee on Financial Resources. This group seeks to make certain that everyone with a concern for the Hospital or an interest in the neighborhood that we serve is advised of our philanthropic needs and is provided opportunity for appropriate action.

To offset operating deficits and for the financing of teaching and research, annual support of from \$2 million to \$3 million is presently required. In addition, there is a mounting need for benefactions, of a most substantial nature, that can be applied to replacements, renovations or new construction.

Gifts for any or all of these purposes — including tributes of a commemorative nature — are invited and will be deeply appreciated.

THE ROOSEVELT HOSPITAL BALANCE SHEET

ASSETS

CURRENT ASSETS:

	1965	1964
Cash	\$ 565,738	\$ 618,254
Investments — bonds, stocks, etc. — at cost or contributed value (approximate market value — 1965, \$577,000; 1964, \$434,000)	548,318	434,213
Accrued interest receivable	79,693	129,251
Accounts receivable:		
Patients' care (less reserve — 1965, \$375,250; 1964, \$286,930)	2,425,602	1,817,964
Other	79,810	76,588
Supplies and materials — at cost	195,521	178,309
Prepaid insurance, etc.	77,594	44,142
Total current assets	<u>3,972,276</u>	<u>3,298,721</u>

PLANT ASSETS:

Land and land improvements, at cost	326,147	326,147
Buildings and equipment, at cost (less accumulated depreciation—1965, \$6,317,937; 1964, \$5,734,818)	18,190,396	16,553,914
Construction in progress	287,130	387,459
Total plant assets	<u>18,803,673</u>	<u>17,267,520</u>
Total	<u>22,775,949</u>	<u>20,566,241</u>

ENDOWMENT AND OTHER FUNDS:

Investments — at cost or contributed value:		
Time deposits	3,000,000	
Bonds and stocks (approximate market value—1965, \$16,426,000; 1964, \$14,758,000)	13,257,874	11,975,032
Real estate	890,103	210,697
Mortgage receivable	104,291	112,141
Commercial notes, etc.	535,823	865,140
Accrued interest receivable	10,574	13,397
Total	<u>14,798,665</u>	<u>16,176,407</u>
TOTAL ASSETS	\$37,574,614	\$36,742,648

See accompanying Notes to Financial Statements.

LIABILITIES AND FUNDS

	1965	1964
CURRENT LIABILITIES AND TEMPORARY FUNDS:		
Accounts payable	\$ 478,561	\$ 552,475
Accrued payroll and other expenses	290,906	218,418
Temporary Funds	<u>1,213,720</u>	<u>971,891</u>
Total current liabilities and Temporary Funds	1,983,187	1,742,784
 GENERAL AND PLANT FUNDS	 20,792,762	18,823,457
 Total	22,775,949	20,566,241
 ENDOWMENT AND OTHER FUNDS:		
Special Funds:		
Unrestricted Gifts and Legacies Fund	251,768	1,099,498
Stuart M. Crocker Educational Fund	774,046	815,018
Progress Fund — for Winston Building and related facilities	<u>992,199</u>	<u>1,684,806</u>
Total Special Funds	2,018,013	3,599,322
Endowment Funds	11,413,346	10,644,412
Funds for Replacement and Expansion of Plant	1,367,306	1,932,673
 Total	14,798,665	16,176,407
 TOTAL LIABILITIES AND FUNDS	\$37,574,614	\$36,742,648

See accompanying Notes to Financial Statements.

STATEMENT OF CURRENT INCOME
FOR THE YEARS ENDED DECEMBER 31, 1965 AND 1964

OPERATING INCOME:	1965	1964
Patient care and services (Note 1)	\$12,624,359	\$11,157,412
Temporary funds currently applied	494,542	414,397
Other	645,496	665,048
Total	13,764,397	12,236,857
Less:		
Allowances and provision for doubtful accounts	2,804,229	2,527,379
Associated Hospital Service of New York allowance for capital costs (Note 1)	164,601	159,183
Total	2,968,830	2,686,562
Operating income—net	10,795,567	9,550,295
OPERATING EXPENSE:		
Professional staff, nursing, and special services	6,886,625	5,821,651
Outpatient services	696,215	563,778
Dietary	1,020,940	927,156
Household and property	1,610,433	1,339,192
Residence buildings	72,230	51,382
Administration and general	1,688,506	1,493,692
Provision for depreciation	583,158	435,539
Total operating expense	12,558,107	10,632,390
EXCESS OF OPERATING EXPENSE OVER OPERATING INCOME	1,762,540	1,082,095
OTHER INCOME:		
From investments	572,942	584,155
United Hospital Fund and Greater New York Fund grants	130,376	135,082
Contributions for free medical care	201,142	155,101
Total	904,460	874,338
EXCESS OF EXPENSE	\$ 858,080	\$ 207,757

See accompanying Notes to Financial Statements.

**SUMMARY OF CHANGES IN FUNDS
FOR THE YEAR ENDED DECEMBER 31, 1965**

	Temporary Funds	General And Plant Funds	Special Funds	Endowment Funds	Funds For Replacement And Expansion Of Plant
BALANCE, JANUARY 1, 1965.....	\$ 971,891	\$18,823,457	\$3,599,322	\$10,644,412	\$1,932,673
ADD (DEDUCT):					
Contributions, grants, and legacies	688,831		60,930	305,409	399,677
Restricted investment income	31,930		85,380		3,566
Net gains from investments sold or redeemed			29,266	445,763	16,096
Associated Hospital Service of New York— capital cost allowance					164,601
Professional fees and other income	109,905				
Temporary funds currently applied — transferred to current income	(494,542)				
Transfers between funds:					
For equipment acquisitions and building additions	(36,690)	1,927,385	(738,537)		(1,152,158)
For operating and other purposes—net ..	(57,605)	900,000	(900,494)	17,762	40,337
Excess of expense for the year 1965		(858,080)			
Grants and other			(117,854)		(37,486)
BALANCE, DECEMBER 31, 1965	<u>\$1,213,720</u>	<u>\$20,792,762</u>	<u>\$2,018,013</u>	<u>\$11,413,346</u>	<u>\$1,367,306</u>

NOTES TO FINANCIAL STATEMENTS

1. CAPITAL COST ALLOWANCE

Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York, the Hospital accrued capital cost allowances of \$164,601 during 1965 and \$159,183 during 1964 as part of its reimbursement for services rendered to AHS subscribers. The Hospital is required to maintain these allowances in a restricted fund to be used only for equipment replacement or modernization and replacement of existing buildings. Accordingly, these allowances have been transferred to funds for replacement and expansion of plant.

2. COMMITMENTS

The Hospital is presently constructing and renovating certain facilities. Commitments in connection therewith aggregated approximately \$509,000 at December 31, 1965, including \$351,000 retained on completed work which has not been reflected in the accompanying balance sheet.

3. RETIREMENT PLAN

The Hospital has in effect a non-contributory retirement plan for qualified employees. Under specified conditions certain employees have the option of making contributions to the plan.

Current and past service costs of the plan to the Hospital for the year ended December 31, 1965 aggregated \$144,000. As of December 31, 1965 the unfunded past service cost, as estimated by the actuary of the plan, was approximately \$328,000, and is being funded over a twenty-year period ending in 1982. The Hospital may amend or terminate the plan at its option.

4. RECLASSIFICATIONS

Certain minor reclassifications have been made in the accompanying financial statements for 1964 to conform to the classifications used for 1965.

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees of
The Roosevelt Hospital;

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1965 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1965 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Haskins & Sells
New York, N. Y.
March 18, 1966

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Harry R. Potter, M.D.
George Satran, M.D.
Bernard Zuger, M.D.

ASSISTANT ATTENDINGS

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William H. Boyce, M.D.
Robert L. Meineker, M.D.
Alvaro Rojas, M.D.
George Serban, M.D.

ADOLESCENT

CHIEF
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ATTENDINGS

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Arlene C. Caldwell, M.D.
Victor D'Arc, M.D.

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Gabriel K. Rubin, M.D.
James W. Watson, M.D.

CHILD

CHIEF
Justin L. Greene, M.D.

ATTENDING

Virginia N. Wilking, M.D.

ASSISTANT ATTENDINGS

Barre Alan, M.D.
Alvin H. Goff, M.D.

Surgery and Surgical Specialties

SURGICAL

CHIEF

T. Scudder Winslow, Jr., M.D.

ATTENDINGS

Lowyd W. R. Ballantyne, Jr., M.D.
John T. Brennan, Jr. M.D.
William H. Cassebaum, M.D.
Frederic H. Deutscher, M.D., Ophthalmology
Howard S. Dunbar, M.D.
Adrian Lambert, M.D.
J. William Littler, M.D.
James A. Macdonald, M.D.
J. Beall Rodgers, M.D.
Thomas S. Royster, M.D.
R. David Sudarsky, M.D., Ophthalmology
Walter A. Wichern, Jr., M.D.

ASSISTANT ATTENDINGS

David M. Carberry, M.D.

HOUSE STAFF

(as of March 31, 1966)

Allergy

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RESIDENTS

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Gastroenterology

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Medicine

RESIDENT

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John J. Jasaitis, M.D.
Thomas M. McNeill, M.D.
James H. Terry, Jr., M.D.
Chin Bor Yeoh, M.D.

BREAST

CHIEF

R. Sterling Mueller, M.D.
ATTENDING
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Melvin N. Blake, D.D.S.
John Doscher, D.D.S.
John H. Duxbury, D.D.S.
Paul Duxbury, D.D.S.
Charles Hillier, D.D.S.

ASSISTANT ATTENDINGS

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Harold Silver, D.D.S.

CLINICAL ASSISTANTS

Lillian Bachman, D.D.S.
George K. Brazill, Jr., D.D.S.

ENDOSCOPIC

ATTENDING

John S. Lewis, M.D.

ASSISTANT ATTENDINGS

Richard A. Nigro, M.D.
Victor A. Romano, M.D.

FRACTURE

CHIEF

William H. Cassebaum, M.D.
ATTENDINGS

John T. Brennan, Jr., M.D.
Peter LaMotte, M.D.
Andrew H. Patterson, M.D.

GASTRO-INTESTINAL

ATTENDINGS

R. Sterling Mueller, M.D.
Charles F. Stewart, M.D.
T. Scudder Winslow, Jr., M.D.

HEARING

ATTENDING

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PLASTIC & RECONSTRUCTIVE (HAND)

CHIEF

J. William Littler, M.D.

ATTENDINGS

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James A. Macdonald, M.D.

ASSISTANT ATTENDING

Richard G. Eaton, M.D.

RECTAL

CHIEF

Adrian Lambert, M.D.

RHINOPLASTIC

ATTENDING

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THYROID

CHIEF

Charles F. Stewart, M.D.

VASCULAR (Including VARICOSE VEIN)

CHIEF

Charles F. Stewart, M.D.

ATTENDINGS

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Urological

UROLOGY

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ASSISTANT ATTENDING

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(Hospital Staff)

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*Fabian X. Schupper, Ph.D.

COORDINATOR OF CLINICAL PSYCHOLOGICAL TRAINING AND ACTING CHIEF PSYCHOLOGIST

Marvin S. Hurvich, Ph.D.

CONSULTING PSYCHOLOGIST

Helen Thompson, Ph.D.

SENIOR PSYCHOLOGIST

James W. Bagby, Ph.D.

SUPERVISING PSYCHOLOGISTS

Blanche Glass, Ph.D.
Herbert Rabin, Ph.D.
Loretta Walder, Ph.D.

RESEARCH PSYCHOLOGIST

Roy Calogeras, Ph.D.

RESEARCH ASSOCIATE IN PSYCHOLOGY

Joseph Reppen, M.A., M.S.

READING THERAPIST (Child Psychiatry Clinic)

Lois Hilton, M.A.

TUTORING (Child Psychiatry Clinic)

Katherine Hellman

Surgery

RESIDENTS

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George T. Wood, M.D.
William L. Newmeyer III, M.D.

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Henry F. Dawes, M.D.
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Stephen V. Flagg, M.D.
Bannester L. Harbin, Jr. M.D.
Eugene M. Zweiback, M.D.

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Merritt R. Hait, M.D.
William G. Hamilton, M.D.
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Pediatrics

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Humberly Bauta, M.D.

Ranjanee Boonsopon, M.D.

Leonor Casas, M.D.

Loretto Ko, M.D.

Josefina Lagade, M.D.

Wisit Phijaisanit, M.D.

Mal Hi Son, M.D.

INTERNS

Kenneth A. Bradford, M.D.

Barbara A. Hajjar, M.D.

Plastic and Reconstructive

FELLOWS

Thomas F. Coats, M.D.

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Psychiatry

RESIDENTS

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William H. Brownlee, M.D.

ASSISTANT RESIDENT

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Radiology

RESIDENT

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Isaiah Seligman, M.D.

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A. Winifred Phillips, M.D.

THE ROOSEVELT HOSPITAL

is approved for intern and resident training by
The American College of Surgeons
The American Medical Association
The American Dental Association

is accredited by
The Joint Commission on Accreditation of Hospitals

is affiliated with
The College of Physicians and Surgeons,
Columbia University
The Columbia University School of Dental and
Oral Surgery

is a member of
The American Hospital Association
The Hospital Association of New York State
The Greater New York Hospital Association
The Greater New York Fund
The United Hospital Fund

is a participating hospital in the
Hospital Review & Planning Council of
Southern New York, Inc.

is approved for nurse anesthetist training by
The American Association of Nurse Anesthetists

THE ROOSEVELT HOSPITAL SCHOOL OF NURSING

is approved by
The New York State Department of Education

is accredited by

The National League for Nursing Accrediting Service

is a member of
The Department of Diploma and Associate Degree
Programs of the National League for Nursing

GIFT INFORMATION

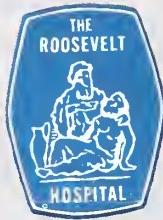
The Roosevelt Hospital needs gifts, grants and bequests for the support of: free, or below-cost, medical care . . . medical education . . . medical research . . . building improvements . . . new equipment . . . and the strengthening of endowment resources.

CHECKS should be made payable to The Roosevelt Hospital.

SECURITIES should be endorsed in blank or accompanied (preferably under separate cover) by an executed standard "stock power" form.

BEQUESTS should be in the name of The Roosevelt Hospital in the City of New York "to be applied for the use and benefit of the said Hospital under the direction of the Trustees thereof."

As the Hospital is a non-profit institution, all benefactions qualify for deductions in accord with Federal and State tax laws. Correspondence should be directed to: Treasurer, The Roosevelt Hospital, 428 West 59th Street, New York, N.Y. 10019.



Design VISUAL SERVICES, INC.
Photography JAMES BURCH
SAM FALK
ROY STEVENS
Printing THE BARRETT'S
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THE ROOSEVELT HOSPITAL / 1966 ANNUAL REPORT



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(AS OF MARCH 31, 1967)



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Dean, College of Physicians
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1966 ANNUAL REPORT

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 *The Roosevelt Hospital*

428 West 59th Street, New York, New York 10019 / Telephone (212) 554-7000

The decorative motif of this publication is derived from the design of the ceramic screen in the Winston Building lobby.



THROUGH THE YEARS AT ROOSEVELT

- 1863**—James H. Roosevelt died, leaving his estate to establish a hospital "for the reception and relief of sick and diseased persons."
- 1864**—"Act of Incorporation" voted by New York State Legislature.
- 1869**—Cornerstone laid on the present site.
- 1871**—Hospital opened with a bed capacity of 180.
- 1878**—Ambulance service established with horse-drawn wagon.
- 1881**—Out-Patient Department opened.
- 1892**—William J. Syms operating amphitheatre erected with seating capacity of 185 (scene of many famous operations).
- 1896**—School of Nursing founded; first class enrolled with 24 students.
- 1898**—Spanish-American War. Troops from nearby camps, suffering from typhoid and other epidemic diseases, cared for by the Hospital. Ward V turned over to the government for that purpose.
- 1899**—Dr. Abraham Jacobi, "father of pediatrics," came to take charge of the new Catherine Bliss Ward for children.
- 1900**—First X-ray Department established.
- 1908**—Social Service Department established.
- 1912**—Harriman Research Laboratory built.
- 1914**—Students of Columbia University's College of Physicians and Surgeons admitted to Roosevelt wards for bedside teaching as clinical clerks.
- 1917**—Formation of Roosevelt-Mackay Unit which, as U.S. Army Base Hospital #15, rendered distinguished service in France during World War I.
- 1923**—New Ward Building (377 beds) replaced the old Ward Building of 1871.
- 1932**—Institute of Allergy moved to Roosevelt from New York Hospital where it was founded in 1918 by Dr. Robert A. Cooke.
- 1936**—Bedside and operating room teaching of fourth-year students from College of Physicians and Surgeons initiated.
- 1941**—Catastrophe Unit formed.
- 1942**—Formation of the Ninth Evacuation Hospital Unit which served in North Africa, Sicily, Italy, France and Germany during World War II. Establishment of Blood Bank. New Private Patients Pavilion opened.
- 1949**—Opening of James I. Russell Memorial Building. Pilot program in out-patient psychiatry started with the New York State Department of Mental Hygiene.
- 1950**—Fifth floor of Ward Building rebuilt to house Special Diagnostic Service and additional x-ray facilities. Establishment of a formal Department of Physical Medicine and Rehabilitation.
- 1952**—Opening of the Henry Harrington Janeway Clinic for Therapeutic Radiology. Establishment of Cytopathology Laboratory.
- 1953**—Tower Memorial Building opened for patient care—houses the Hospital's general and special clinics.
- 1955**—The \$1,000,000 wing of the School of Nursing completed.
- 1956**—Ninth floor of Tower Memorial Building opened, providing psychiatric in-patient care.
- 1957**—A cobalt unit for therapeutic radiology installed in the Janeway Clinic. Trauma Service formed as an integral part of Surgical Service.
- 1960**—Intensive Care Unit opened—one of the first to be established in Metropolitan New York.
- 1961**—Department of Psychiatry initiated two new services: Day Care Program and a 24-hour Emergency Service.
- 1962**—Department of Pediatrics reorganized with first full-time Chief.
- 1963**—Affiliation with Columbia University's School of Dental & Oral Surgery.
- 1964**—Opening of \$12,500,000 twelve-story Garrard Winston Memorial Building, expanding private and semi-private accommodations, research and laboratory facilities, conference rooms and ancillary service area. Establishment of Obstetrical Service, with full-time Chief.
- 1965**—Three floors added to Tower Building for expansion of Psychiatric Service. Inauguration of Medical Staff system authorizing full-time Chairmen for major departments.





Typical of the intermingling of past, present and future that characterized 95th Anniversary ceremonies is the photograph at the left. The student nurse is wearing a uniform that dates back to 1896 when the School of Nursing was founded . . . the resolution—copies of which were posted throughout the Hospital during November—calls for rededication to as well as remembrance of the Founder's ideals . . . while the "new look" of recent years is symbolized by the portion of the Winston lobby's pierced ceramic screen which appears in the background.



PRESIDENT'S REPORT

A highlight of the twelve months of 1966 at The Roosevelt Hospital was the observance, in November, of the 95th Anniversary of the actual beginnings of our service to patients, and while we could pause and remember this past service to New York, we were more deeply concerned throughout the year with the present and future.

As a result of spiraling expenses, the impact of Medicare, and an increase in the total number of patients, there were immediate and serious problems. Basically, however, 1966 was a year of decision. While we dealt more effectively, I believe, with matters of the moment, we also came closer to grips with future responsibilities, and we initiated steps to convert our plans into operating realities.

Day to day activities are reviewed in the messages prepared for this publication by Dr. Arthur

J. Antenucci, as President of the Medical Board; Peter B. Terenzio, as Executive Vice President, and Mrs. Howard E. Buhse, as Chairman of the Volunteer Committee. These, together with our statistical reports and financial statements, tell a story of service in behalf of the ill and afflicted, regardless of race, creed or ability to pay, that, I feel, should be a source of great satisfaction for our friends and supporters.

It should be understood, however, that while our operating income for 1966 was substantially in excess of similar income for previous years, this was the result, not of Medicare, as many might expect, but of more equitable payments from Blue Cross; of more realistic reimbursements for the care of the medically indigent from the municipal sources, and of an increase in our own rates. In fact, on the basis of 1966 experience, it is antici-

At a meeting of the Board of Trustees of

THE ROOSEVELT HOSPITAL

held on Monday, May 23, 1966, a resolution as follows was adopted

Whereas, Wednesday, November 2nd, 1966, will mark the 95th anniversary of the dedication and opening of The Roosevelt Hospital, and

Whereas, it would be fitting and proper on such an occasion to pay tribute, once again, to the vision and generosity of James Henry Roosevelt, who, by bequest, provided for the Hospital's founding, and

Whereas, since the incorporation, on February 2nd, 1864, there has been, in the words of the Hospital's History, "a constantly mounting host of generous and public spirited people who have contributed unstintingly of their time, their interest and their wealth to insure the Hospital's success and its efficient conduct,"

Now, therefore, be it resolved that the first week of November be observed at The Roosevelt Hospital as a period of recognition, remembrance and rededication, and

Be it further resolved that this observance consist of activities that accord honor not only to the Founder and his concern for the ill and afflicted but also to all other benefactors, both past and present.

icit—\$701,028 as contrasted to \$858,080 for 1965—and once again there was compelling evidence that substantial philanthropic support is vital to the effective discharge of the Hospital's missions.

As to the future, it can be reported that there was consistently increasing *recognition*, that, in this era of heightened health-care consciousness and swift medical advances, institutions like Roosevelt must be prepared to grow beyond traditional confines and to be concerned with preventive and rehabilitative, as well as curative, health services.

In consequence, there is now virtually total commitment, on the part of Trustees, Medical Board and Administration, to the early evolution, without disruption of current services, of Roosevelt from what has long been primarily an acute-care institution to what might be described as a "total-health center."

What is envisaged is the creation over the next five to ten years, with present facilities as the nucleus, of a comprehensive complex of medical skills, facilities and services, dedicated to the health interests, not only of those who come to our doors, but also of all individuals who work or reside in the significant segment of west side Manhattan that Roosevelt has so long served.

Many of the details of what is needed to bring such a center completely into being are still to be crystallized, but we moved ahead during 1966 at a gratifying pace. Specifically—

. . . a master outline of the steps indicated for the attainment of our ultimate aim was reviewed, in detail, and approved, in principle, by Trustees and Doctors . . . and, also, endorsed by governmental authorities

. . . the architectural firm of Rogers, Butler and Burgun was authorized to develop an architectural concept of the types and sizes of facilities required, this to be based on detailed recommendations compiled during the last year or so by our consultants on modern hospital practices and procedures

. . . we committed more than \$3 million of current resources to the future improvement of

pated that Medicare—due to reimbursement delays and a possible adverse effect on the occupancy of private facilities—may, for some years to come, complicate rather than ease our financial problems.

Moreover, it must be pointed out that our gain for 1966 in operating income was offset, in large measure, by necessary wage adjustments and by sharp rises in the cost of expendable supplies. Thus, we once again experienced an operating def-

present facilities . . . and the purchase of additional property in our immediate neighborhood

. . . we authorized expansion and strengthening of our teaching and research endeavors . . . and initiated studies having to do with the possibility of stronger affiliations at the medical college level

. . . we took steps that should add an off-site nursing home and increased residential accommodations to our total facilities

. . . we received assurance of governmental grants that should enable Roosevelt to provide total medical, dental and social-welfare care to medically indigent children, 18 years or younger, in the area bounded by 42nd and 86th Streets and Fifth Avenue and the Hudson River

. . . and, we were in touch with mental health authorities with respect to our assuming responsibility for the operation of a new mental health center to be erected in our vicinity in the near future and to be responsible for the mental well-being of an area much akin to that to be served by our projected child-care center.

One of the nation's great city planners once counselled against "little plans" for, in his words, "they have no magic to stir men's blood." Instead, he urged "big plans" on the basis that "a noble, logical diagram once recorded will never die, but will be a living thing, asserting itself with ever-growing consistency." Something of this nature, I truly believe, is now in process at Roosevelt.

To cite everyone who had a meaningful part in the accomplishments during 1966 would be to call a long roll of individuals and organizations including rank-and-file employees as well as Board members, doctors, nurses, volunteers, members of the administrative staff, and friends. My heartfelt thanks go out to each and all—especially, to the 2,455 individuals and organizations from whom gifts for various Hospital purposes were received and whose generosity was a constant source of encouragement and inspiration.

While this report was being prepared, the Hospital was saddened by the death, on February 28, 1967, of Henry R. Luce, who had been a member of our Board of Trustees since 1937, and whose membership seniority was exceeded by but one other Trustee. A resolution, in tribute to Mr. Luce and his long time association with Roosevelt, was passed at the Board's March meeting.

As a final word, I want to express personal gratitude to Jack I. Straus, our Board Chairman, as well as to Dr. Antenucci, Mrs. Buhse, Mr. Terenzio, and their many associates, for their invaluable assistance. Much of what was accomplished during the year is a reflection of their stewardship, interest, devotion and dedication.

The months ahead promise fresh challenge, plus increased opportunity for rewarding service and constructive generosity. I am confident that there will be rich dividends, in the form of lasting satisfaction, for all who share this vision.



H. Whitfield Carhart
President

March 31, 1967

STATISTICAL HIGHLIGHTS FOR 1966 AND 1965

PATIENTS

	1966	1965
IN-PATIENTS		
Admissions		
Private	2,646	2,681
Semi-private	5,551	5,221
Ward	4,184	3,974
Obstetrics	842	618
Total	13,223	12,494
Births	773	588
Patient Days		
Private	26,956	28,315
Semi-private	70,585	62,247
Ward	63,983	63,632
Obstetrics	5,404	3,439
Newborn	4,908	3,335
Total	171,836	160,968
Average length of stay (excluding Obstetrics & Newborn)	13.1 days	12.9 days
Percentage of occupancy (excluding Obstetrics & Newborn)	86.1	86.1
OUT-PATIENTS		
Individuals (excluding those who received emergency treatment)	22,710	17,625
Clinic Visits		
Allergy	24,534	26,302
Tower	57,899	56,250
Emergency	50,820	51,838
Total	133,253	134,390
Ambulance calls answered	10,663	12,402

SERVICE

	1966	1965
Number of services and clinics	48	47
Number of beds	558 plus 53 bassinets	515 plus 14 bassinets
Number of doctors on Medical Staff	328	299
Total number of employees	1,645	1,540
Number of nurses	265	237
Number of volunteer workers	512	549
Number of blood transfusions	3,522	4,209
Number of surgical procedures	6,752	6,488
Number of Social Service		
Department interviews and home visits	25,746	20,187
Number of x-ray films	193,138	186,891
Number of medication orders filled by Hospital Pharmacy	240,000	209,000
Number of laboratory tests, etc.	472,077	475,266
Number of patient meals served	441,134	441,115
Pounds of laundry processed	2,540,376	2,403,423
Space occupied by present facilities	583,411 sq. ft.	563,835 sq. ft.

SCHOOL OF NURSING

Student enrollment	119	117
Graduates	40	64
School Alumnae	2,003	1,963



MEDICAL BOARD

The spirit that prevailed at Roosevelt during 1966, our 95th Anniversary year, was well indicated, I believe, by the resolution adopted by the Medical Board at our November meeting.

This read as follows:

"Whereas, November 2, 1966 marked the anniversary of the opening of The Roosevelt Hospital and the completion of 95 years of dedicated service to the community by the Hospital, and

Whereas, this long history of service was made possible through the generous bequest of James Henry Roosevelt which provided for its founding, and the subsequent generosity of numerous benefactors,

Now, therefore, be it resolved that the Medical

Board of The Roosevelt Hospital takes this occasion to renew its dedication to the ideals of the Founder, to express its support to the Board of Trustees in the furthering of those ideals and its gratitude to the benefactors who have given to the Hospital over the years."

Such a linking of *remembrance* of past ideals with *concern* for present and future, plus *recognition* of the team-work aspects of voluntary hospital endeavors made, all in all, for a year of gratifying activity and fruitful accomplishment. We served more patients than in any previous year of the Hospital's history; we strengthened our educational activities, and we initiated new research programs of potentially great value—but, over and above all that, we achieved an improved, and generally shared, sense of well-charted, forward direction.

Maintenance of traditionally high standards of patient care continued a chief concern during 1966, and with this there was further expansion and renovation of facilities together with much strengthening of services, including—as suggested by the photographs on this page—provision of new quarters for the Department of Pediatrics . . . new Recovery Room for the Department of Surgery . . . and appointment of a full-time Chairman for the Department of Rehabilitation Medicine.



Some eight years ago, I ventured to point out, in a message prepared for the Hospital's 1958 Annual Report, that a master plan of development was required to enable Roosevelt to come properly to grips with the rapidly accelerating pace of health and medical advancement. The Hospital's chief concern during 1966, as in years past, was the maintenance of its traditionally high standards of patient care. Thanks to extensive studies, many conferences and a wide variety of investigations, the year *also* witnessed the resolution, by Trustees, Medical Board and Administration, of many questions having to do with our future course.

What is now thoroughly realized is that just as the hospital of today bears little resemblance to that of the past, so the hospital of ten years from now will be vastly different from that of today, and from this realization have come guidelines designed to make certain that change at Roosevelt is consistently for the better and in accord with a definite, overall plan.

We should be able to create within the next ten years—with the support of our many friends and as a consequence of careful departmental, inter-departmental and joint administrative-trustee-professional planning—a modern, realistic, highly sophisticated, dynamic, functional complex for patient care in an atmosphere of teaching and research. Much has been accomplished and will continue to be accomplished, which, while helping to meet present problems, will mesh in with future developments and contribute greatly to the ultimate result.

To return to the 12 months of 1966, the following merits special mention:

There was continuing expansion and renovation of facilities. Included were: increase of in-patient psychiatric accommodations from 16 to 45 beds; transfer of the Department of Pediatrics to completely new and substantially enlarged quarters; completion of the Maude Monell Vetlesen Maternity Pavilion; expansion of quarters occupied by the Department of Radiology; renovation of Out-Patient Clinics; the alteration of the Syms Building to accommodate new basic research activities; the creation of a new Recovery Room for the Department of Surgery, and a commitment to provide

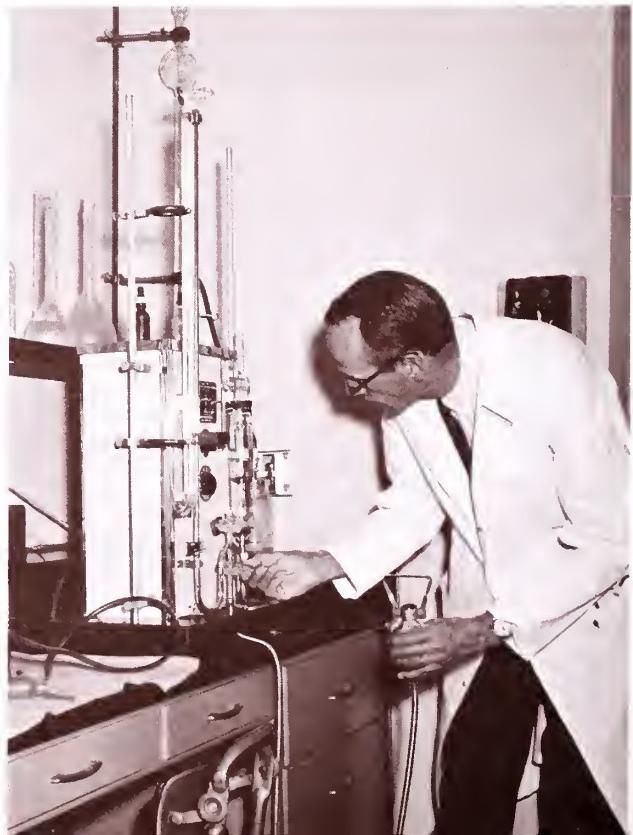
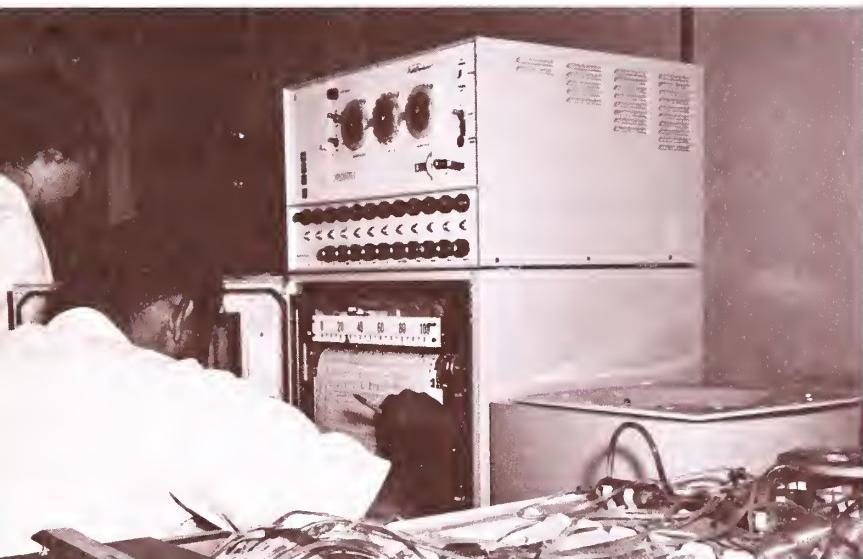
increased accommodations, now almost completed, for the Department of Urology. Among much new equipment acquired was an ultra-modern 12 channel autoanalyzer which is enabling the Department of Pathology to produce 12 chemical determinations simultaneously from one blood sample within ten minutes.

There was a further broadening of services together with additional appointments of full-time chairmen of major departments. Such appointments for the year included: Dr. Harley C. Shands as Chairman of the Department of Psychiatry; Dr. Richard L. Keenan as Chairman of the Department of Anesthesiology, and Dr. John J. Untereker as Chairman of the Department of Rehabilitation Medicine, while in the offing is the appointment of a full-time Chairman for the Department of Surgery. The creation of two new departments, Anesthesiology and Rehabilitation Medicine, is in recognition of the broad services rendered by each. The importance of these departments is further recognized by the membership of their Chairmen on the Executive Committee of the Medical Board. In his first annual report, Dr. Keenan called attention to the great changes that had taken place in Anesthesiology at The Roosevelt Hospital, and gave great credit for these changes to Miss Margaret Sullivan, Chief Nurse Anesthetist, who first envisioned and initiated these changes.

Other broadened services included: the establishment of a low fee obstetrical group practice by the Department of Obstetrics-Gynecology; the opening of an Adolescent In-Patient Unit by the Department of Pediatrics; the inauguration by the Department of Psychiatry, in conjunction with Pediatrics and Social Service, of several community projects; a deepening of responsibilities of the Department of Anesthesiology, including establishment, in the near future, of a 24-hour respiratory center, and extensive reorganization, by the Department of Medicine, of assignment procedures in Out-Patient Clinics.

Increased recognition also was accorded the now, well-accepted axiom that research and teaching make for better patient care. Of greatest significance, perhaps, was the enlistment by Dr. Nicholas P. Christy of a staff of trained investi-

"Increased recognition also was accorded the now well-accepted axiom that research and teaching make for better patient care." The photographs on this page are illustrative of activities in these fields . . . teaching sessions . . . investigative endeavors . . . advances in equipment, including (lower left) the recently acquired ultra modern 12 channel autoanalyzer.



gators to carry on studies in the metabolism of steroids as a forerunner of an extensive program of basic research. Steps also were taken for increasing work in cardiology, including possible stimulation of an inter-disciplinary approach to the diagnosis and treatment of patients with cardiac disease. Mention also must be made of the fact that 1966 marked the graduation of the first class of The Roosevelt Hospital School for Nurse Anesthetists. This educational endeavor promises rich benefits, over the years, not only for Roosevelt but for hospitals everywhere. Dr. Perrin Snyder took over, January 1967, as Chairman of the Department of Urology, with the retirement from active hospital responsibilities of Dr. Simon A. Beisler, Chief since 1934. He emphasizes in his annual report that the Department will profit greatly by the addition of its new cystoscopy suite with three rooms, each with modern x-ray equipment, one with cine- and image-intensifying fluoroscopy. Teaching should be greatly improved in consequence of many factors, one of which will be the close team-work with the Department of Radiology, especially with Dr. Harold Stitt, whose training in advanced techniques, including angiography, will add much to diagnostic proficiency. Once more, we also fared well with the National Intern Matching Program. Again, the quality of Roosevelt's educational program was reflected by the response of medical college graduates to whom internships were offered.

To appreciate the full magnitude in 1966 of the accomplishments, one need only to tour the present complex; to scan the minutes of the Medical Board and its various committees, and to study the detailed annual reports prepared by the Chairmen of the Departments. There is no question that the past 12 months have been singularly dynamic and replete with momentous activity. In a nut shell, we are keeping pace with "the ever-whirling wheel of change" that so characterizes this age of unparalleled ferment and discovery.

At the end of the year, there were retirements as follows: Dr. R. Clark Grove, associated with Roosevelt for 35 years in Allergy and Otolaryngology, and President of the Medical Board in 1954; Dr. Robert W. Laidlaw, associated with

Roosevelt since 1933 as founder and long-time clinical Chief of the Department of Psychiatry, and Dr. R. Sterling Mueller, attending surgeon in the Department of Surgery, whose association with Roosevelt dates back to 1936. Each continues his affiliation with Roosevelt as a Consultant in his specialty and as an Honorary Member of the Medical Board.

It is with much regret that it must be reported that the year was marked by the deaths of Dr. Charles C. Foote and Dr. Ezra B. Sanford. Both had distinguished association with the Department of Medicine and will be long remembered.

As a final word, I should like to say that in fulfilling our many tasks, the Medical Board and its officers had the unremitting cooperation of Administration and the Board of Trustees. I speak for the entire Medical Staff in expressing deep and heartfelt gratitude to all concerned. My personal thanks, as President of the Medical Board, go forth in particular to Mr. H. Whitfield Carhart, President; Mr. Jack I. Straus, Chairman of the Board, and Mr. Peter B. Terenzio, Executive Vice President. I am indebted to each one for his assistance and counsel. My debt is great, also, to Dr. Kenneth T. Donaldson, Secretary of the Medical Board, in particular, and to Dr. Howard S. Dunbar, Vice President, as well as to the various Committee Chairmen who have worked indefatigably at many tasks.

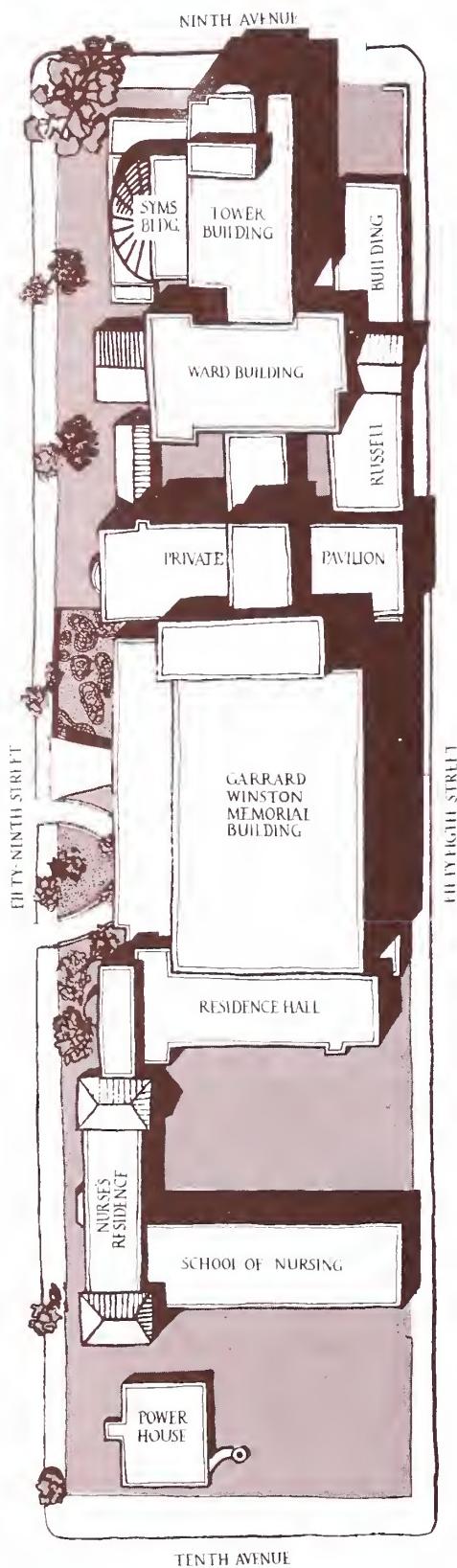
Finally, there should be acknowledgment that the Hospital owes a special debt of gratitude to each and every member of the Professional Staff for their understanding, patience and help in carrying out their responsibilities in these trying times of transition.



Arthur J. Antenucci, M.D.
President, The Medical Board



BUILDINGS



AFFILIATIONS

THE ROOSEVELT HOSPITAL

is approved for intern and resident training by

The American Medical Association

The American Dental Association

is accredited by

The Joint Commission on Accreditation of Hospitals

is affiliated with

The College of Physicians and Surgeons,
Columbia University

The Columbia University School of Dental and Oral Surgery

is a member of

The American Hospital Association

The Hospital Association of New York State

The Greater New York Hospital Association

The Greater New York Fund

The United Hospital Fund

Association of American Medical Colleges

is a participating hospital in the

Hospital Review & Planning Council of

Southern New York, Inc.

is approved for nurse anesthetist training by

The American Association for Nurse Anesthetists

The School of Nursing

is approved by

The New York State Department of Education

is accredited by

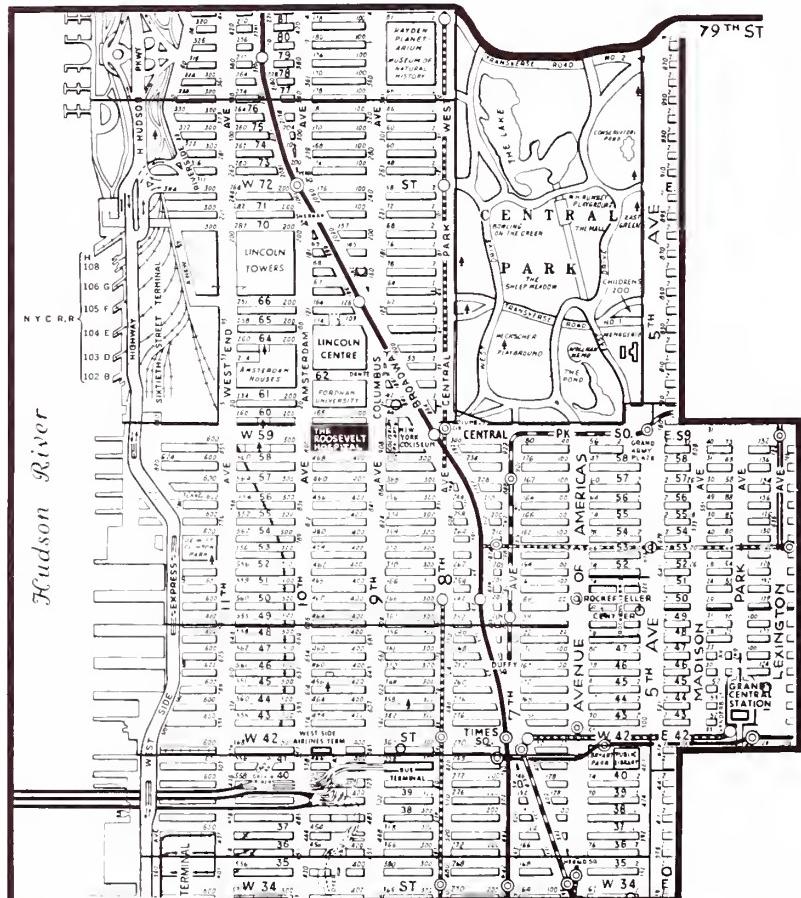
The National League for Nursing Accrediting Service

is a member of

The Department of Diploma and Associate Degree
Programs of the National League for Nursing



AMBULANCE AREA



A vista of Manhattan as seen from a Winston Building patient room.



ADMINISTRATION

It was a "very good year"—one of the best, in many respects, of the 95 that are now part of Roosevelt history—but, from the administrative viewpoint, not an easy one.

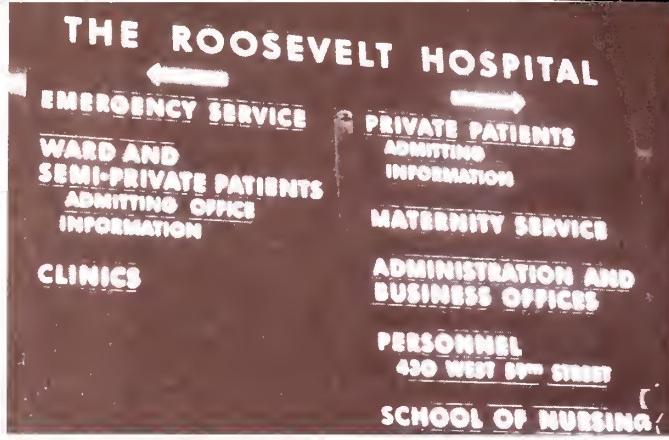
As 1966 began, we were confronted by the city-wide transit strike . . . a little later on, we were called upon to make preparations for a possible surge of Medicare patients . . . and, toward year's end, we were necessarily concerned with a program of wage adjustments; with an impelling need for an increase in patient charges, and with the pressures exerted on rank-and-file employees by a pending union election.

Concurrently, there were the many logistics entailed in transferring Pediatrics to completely new quarters; in opening three new floors of Psychiatric facilities; in expanding Nursery and Obstetrics-Gynecology facilities, and in effecting many other renovations throughout the Hospital. Happily, the sum total of all this tended to stimulate adrenals rather than ulcers.

Particularly satisfying was the response of employees to a further attempt—the second within a

three-year span—to unionize the Hospital's maintenance and service personnel. This was rejected on January 12, 1967, by a nearly two to one margin. What was almost as gratifying as the vote itself was the fact that, despite vigorous electioneering by labor organizers over a several-month period, there was no disruption of daily routines. I think that all employees are to be congratulated. They did not let the situation interfere with efficiency or effectiveness, and when they went to the polls, they acted, I believe, with mature judgment. Over the years, there has been good team work at Roosevelt, based, in large measure, on a spirit of mutual respect between management and workers. This, I am confident, was once again deepened and strengthened.

Stimulating, also, was the progress made on the installation, in a vastly expanded Data Processing Department, of one of the largest and most modern items of electronic equipment—an *IBM 360 Model 30 computer*. Although presently overshadowed by matters of more immediate importance, this installation may well come to be regarded, in years



Almost daily there were changes . . . illuminated direction signs . . . new offices for Obstetrics-Gynecology and Pediatrics . . . creation of a presidential portrait gallery in the Winston Building lobby . . . renovated Out-Patient waiting facilities . . . and installation of a System 360 IBM computer.



ahead, as a most significant, historical milestone. In eventual prospect is an electronic processing system that will: coordinate admissions . . . assemble clinical reports on patients . . . compile data for use in education and research . . . facilitate accounting and billing . . . control inventories . . . provide prompt statistics on all activities . . . and, aid directly with patient care by relieving members of the nursing and professional staffs of many non-clinical duties. The human, personal touch will continue to be essential, but, aided by these new procedures, such skills should be accorded more effective and efficient focus. As Roosevelt is one of the first hospitals in the country to undertake the creation of such a comprehensive system, this, in many respects, is a pioneering project, but one that seems well justified by its great potentials.

Another great satisfaction was the attainment of an improved relationship between income and expenditures. There is still room for future improvement, but this is something with which all of us are constantly concerned. What must be remembered, however, is that hospital costs, particularly wages which account for a major portion of expenses, have been rising throughout the country at even more rapid rates than those shown by cost-of-living and most other nationwide indices. Just the same, I believe that better values are now being provided to hospital patients than could have been possible at any price not too many years ago. In addition to almost incredible advances in medical technology, there has been a tremendous increase in the number of persons per patient involved. At Roosevelt, for example, the average of full-time personnel per 100 patients has risen from 290 in 1960 to 341 in 1966.

Finally, there was once-in-a-lifetime sort of inspiration, for all, in the culmination toward mid-year of the study effort, initiated some three years ago to determine our future course, and carried on subsequently as a joint undertaking of Trustees, Medical Staff and Administration. Almost the entire institution has been actively involved in some way, at some time, in this process, and its working papers—including minutes of meetings, reports and analyses—now fill more than five large volumes. What has resulted has been: a thorough

assessment of the changes taking place in the health care world and their implications for the future of general hospitals . . . a bringing into focus the opportunities for The Roosevelt Hospital in New York City . . . and the development of a consensus on long-range goals and guide lines. In consequence, it can now be said, I believe, that Roosevelt is one of those rare institutions that, in this mid-twentieth century world, presently knows where it wants to go and has well thought-out ideas on how to get there. To have arrived at such a stage, in the face of today's many health and medical perplexities, may well have been the year's, or even the past decade's, greatest accomplishment.

In recent months, there has been much critical inquiry about American hospitals. Whether fully justified or not, much of this questioning has been prompted, I believe, by apparent failure, in many quarters, to heed the philosopher's warning that "without adventure, civilization decays." It is most meaningful, therefore, to be able to assure our friends that at Roosevelt the spirit of adventure prevails. We are committed to provision of the best patient care possible, but *not*, as the 1966 record shows, to the maintenance of the *status quo*.

It was a great privilege to have shared in 1966's exciting happenings. I realize, however, that I am much beholden to many for their assistance and support. In particular, I am profoundly grateful to Mr. Straus, Mr. Carhart and Dr. Antenucci for their leadership and understanding cooperation; to the Board of Trustees, for their interest and generosity; to the Medical Staffs for their skills and their uncompromising standards; to our devoted and hard-working Volunteers, and to the Hospital's personnel, as a whole, for day-in and day-out work that frequently was far above the normal call to duty. My heartfelt thanks are extended to each and all.



Peter B. Terenzio
Executive Vice-President



VOLUNTEERS

It is very pleasant to look back on Volunteer activities for Roosevelt's 95th Anniversary year, and to report on what was accomplished. More than \$99,000 was raised for important Hospital purposes, and 57,674 hours of contributed service were provided by 512 volunteers.

These impressive statistics were made possible by many acts of generosity, sacrifice and devotion. I like to think that the role of the Volunteer Committee is to provide opportunity for an ever-continuing and constantly-widening expression of the concern for the ill and afflicted that prompted the Hospital's founding. A review of the backgrounds and tasks, of those who presently participate in our endeavors, should be of interest.

Of our 512 active volunteers, more than 130 work at full-time jobs in the daytime and perform their services at night. They come from advertising

agencies, law offices, insurance offices, banks, publishing houses, the New York Telephone Company, the American Psychiatric Association, the American Cancer Society. They are teachers from schools, students from universities, three full-time employees from Roosevelt, two workers from other hospitals, a laboratory assistant, a social secretary, a self-employed insurance broker, an assistant to a president, an owner of an export business—the list seems almost endless.

The daytime volunteers, who number 382, serve in every area at Roosevelt. One five-foot one and a half inch dynamo gives 45 hours every week and has done so with regularity since 1944. Some of them are trained Nurses' Aides. Many work in the Out-Patient Clinics. One works with psychiatric patients in handwork and crafts, while others update charts, work on the pediatric floor, act as

escorts, bring courtesy carts to patients, and circulate books from the Constance McLane Mohun Library to both patients and staff.

Others are wives of doctors, some of whom have served for over thirty years as volunteers. One runs the Children's Recreation Program, another works on escort service three days a week from 8 a.m. to 4 p.m. and has been doing this since 1941. Others serve in the Volunteer Gift Shop which also is under the Chairmanship of a member of the Volunteer Committee.

Then, there are members of the Board of Trustees who also give their time to in-service work in the Hospital. Many have been working since the early fifties, while one devoted trustee has been a volunteer since 1933. Also, there are those who aid with financing, as members of United Hospital Fund campaign teams, as committee members with the Ball of Roses and our annual theatre benefits, and on the sales force of the Generosity Thrift Shop.

How meaningful it can be for Roosevelt to have the benefit of such assistance was wonderfully ex-

pressed not long ago by a patient who wrote as follows:

*Blessings on your ladies in the pink smocks.
Having them around was a constant comfort.
They provided so many nice, "little extras".
They also were so cheerful and pleasant.
I felt that all had been inspired by the little
verse that goes: "there was a man who many
thought was mad—he said, the more he gave
away, the more he had".*

On the following pages are listings of our Committee and its officers and of our active volunteers. To each and every one of those whose names appear on these lists, I say thank you, both for myself and for the patients they served. It has been a great privilege to have shared with you in the work that went forward during 1966.

Virginia D. Buhse

Mrs. Howard E. Buhse
Chairman



The Volunteer Committee Money-Raising Story

1966 Ball of the Roses	\$37,587
Used to aid needy patients.	
1966 Theatre Benefit	18,212
Applied to educational endeavors.	
Generosity Thrift Shop	26,210
Supported Social Service activities; aided needy patients, and provided for purchase of equipment, including new ambulance.	
1965-66 United Hospital Fund Campaign	13,590
"Direct Benefits" earned for Roosevelt and applied to aid of needy patients.	
Volunteer Gift Shop	3,000
Used for Committee expenses and support of Social Service activities.	
Contributions	936
Gifts received for support of Committee projects.	
Total	\$99,535



THE VOLUNTEER COMMITTEE
(As of March 31, 1967)

Officers

Chairman	Mrs. Howard E. Buhse
Vice Chairman	Mrs. Norman L. Hope
Recording Secretary	Mrs. Charles W. Goodeve
Corresponding Secretary	Mrs. J. Lenox Porter
Treasurer	Miss Katharine de B. Parsons
Representative to Board of Trustees	Mrs. George A. Benington

Standing Committees

Volunteer Services & Red Cross	Miss Jermain Duncan
Volunteer Shop	Mrs. R. Sterling Mueller
Library	Mrs. Alfred Jaretzki, Jr.
Thrift Shop	Mrs. Jack I. Straus
Membership	Mrs. Alfred G. Tuckerman
Children's Recreation	Mrs. Gurney Taylor
Social Service	Mrs. James E. Thompson
United Hospital Fund	Mrs. Albert Lee Hawes
Ball of the Roses	Mrs. Charles I. Pierce Mrs. R. Sterling Mueller*
Theatre Benefit	Mrs. Seaton Gales Mrs. Campbell D. Garrett*
Hospitality	Mrs. Thomas B. Foster
Special Projects	Mrs. Harold L. Suttle

Members

Active	Mrs. Howard C. Adams** Mrs. Frederick H. Amendola Mrs. Daniel Bacon Mrs. Walter C. Baker Mrs. Markle Bannard Mrs. George A. Benington Mrs. Marshall Blankarn Mrs. Howard E. Buhse Mrs. Charles G. Bush Mrs. William H. Cassebaum Mrs. Henry W. Cave Mrs. Henry J. Clancy Mrs. William E. Delehanty Miss Jermain Duncan Mrs. Clarence A. Dunn Mrs. Thomas B. Foster Mrs. Seaton Gales Mrs. Campbell D. Garrett Mrs. John W. Geary Mrs. Charles W. Goodeve Mrs. M. Donald Grant Mrs. Charles S. Haight, Jr. Mrs. Albert Lee Hawes Mrs. Anne K. Holder Mrs. Norman L. Hope Mrs. Alfred Jaretzki, Jr. Mrs. Rufus G. King Mrs. Adrian Lambert Mrs. Robert L. Levy Mrs. Frederic W. Lincoln Mrs. William MacDonald Mrs. Clifford D. Mallory Mrs. R. Sterling Mueller Mrs. J. Joseph Mylott Miss I. Gertrude Ogden Miss Katharine de B. Parsons Mrs. Howard A. Patterson Mrs. Frederick Pease Mrs. Charles I. Pierce Mrs. J. Lenox Porter Mrs. George E. Roosevelt Mrs. Philip J. Roosevelt Mrs. Albert C. Santy Mrs. Jack I. Straus Mrs. Harold L. Suttle Mrs. Gurney Taylor Mrs. James E. Thompson Mrs. Alfred G. Tuckerman Miss Nancy Walker
Associate	Mrs. Bruce Bliven Mrs. Randall N. Durfee Mrs. Edmund C. Monell Miss Jane L. Powell Mrs. William Wendt Mrs. William H. Wilson
Honorary	Mrs. Francis D. Bartow Mrs. F. Wilder Bellamy Mrs. Donald F. Bush Mrs. Stuart M. Crocker Mrs. Elisha Dyer Mrs. John N. Irwin II Mrs. C. Peabody Mohun Mrs. John K. Roosevelt Mrs. Howard C. Taylor, Jr. Mrs. Roger Tuckerman Mrs. Eugene P. Warner Mrs. Julian L. Woodward

*Vice-Chairman

**Leave of Absence



1966 VOLUNTEERS in addition to Committee

Miss Jean Aaron
Mrs. Edgar Adsit
Miss Mary Alonso
Miss Cheryl Alston
Mrs. Gregory Altschuller
Mr. Ricardo Alvarado
Miss Susan Amendola
Miss Catherine Anpher
Mrs. Richard H. Anthony
Mrs. Simone Aronovici
Miss Mary Arosemena
Mr. Carlos Arroyo
Mr. Joseph Aschenbrandt
Mr. Saverio Ascoli
Mrs. Seymour Ast
Mrs. Sam Azouz

Miss Mary Bacianga
Miss Mary Anne Baker
Miss Susan Baker
Mrs. Thomas Balmer
Mrs. James N. Barnard
Miss Emma Barnsley
Miss Tressa Barrett
Miss Margaret Barry
Mr. Trumbull Barton
Miss Carrie Batt
Miss Abby Belkin
Mr. Frederick Benjamin
Mrs. Sarah Lee Berenberg
Miss Helen Berger
Mrs. Israel Berman
Miss Itala Bianchi
Mrs. Abraham Bienstock
Mrs. Benjamin Bloom
Mrs. Robert Borges
Mrs. Bess Borkowsky
Miss Eileen Boucher
Mr. William Brenner
Miss Francina Brown
Miss Irene Buchanan
Miss Joan Burdge
Mrs. Morgan Burke
Mrs. Alan Burleigh
Mr. Frank Burrows
Miss Beverly Byalick
Miss Marion Byalick
Mrs. William Byrd

Miss Amelia Camuglia
Miss Lily Cantos
Mrs. Mario Carnesale
Miss Miriam Casiano
Miss Roberta Castanos
Mr. Donald Charles
Miss Lillian Chernoff
Mr. Edwin Chevere
Mr. Eric Chevere
Mrs. Richard A. Claybrook
Mrs. Terence Clyne
Miss Ruth Cohen
Miss Carol Ann Collins
Miss Mary E. Crowley
Mr. Leo P. Culhane
Mrs. Mildred H. Cummings
Miss Helen L. Curtis

Miss Eleanor F. Daley
Miss Lola Dalzelle
Mrs. Asa B. Davis
Mr. Buster Davis
Miss Anne De Gregory
Mrs. Chris Deleno
Miss Agnes Denny
Mrs. Ernest De Santo
Miss Margaret Devine
Miss Carole Dichter
Mrs. Arthur Diedrick
Miss Yolanda Di Milta
Miss Joanne Devito
Miss Lillian Doherty
Mrs. Lynn Dovel
Mrs. Donald Drake
Miss Theresa Duffie

Mrs. Fern Elphick
Mrs. Ethel Elwell
Mrs. Dana Estabrook
Mrs. Ethel La Marche Eyre

Miss Mildred Fairbairn
Miss Agnes Fairgrieve
Mrs. Irving Fertig
Miss Judith Feldman
Miss Gloria Fernandez
Miss Lourdes Fernandez
Mr. Rolando Fernandez
Miss Louise Fernich
Miss Jessica Field
Mr. Vincent Figueroa
Miss Gail Finley
Miss Henrine Fitzgerald

Mr. Edward Flynn
Mrs. A. T. Fowler
Miss June Frei
Mr. Monroe Friedlander
Miss Laura Friedman
Mrs. George Frier
Miss Diana Furst

Mrs. Alexander K. Gage, Jr.
Mrs. John Gagliotti
Miss Blanche Gallet
Miss Jennie Garcia
Miss Carmen Gatnig
Mr. Newell Garfield
Mr. David Gause
Mrs. Ralph Gause
Miss Peggy Geiger
Mrs. John C. Georgi
Mrs. Susanne Gill
Mrs. Lois Gilliam
Miss Donna Gillogan
Miss Gail Gilmartin
Miss Aileen Glynn
Miss Catherine A. Goeckel
Miss Yetta Golden
Mrs. Lewis Goldenheim
Miss Margaret Goldin
Mrs. Lewis Goldmacher
Mrs. Ida Goldstone
Miss Gladys Gomez
Mrs. Pedro Gonzalez
Miss Karen Gordon
Mrs. Michael Grant
Miss Isabel L. Gray
Miss Margie Green
Mrs. Nathan Gotthoffer
Dr. Samuel Gottlieb
Mrs. Frederick Greenbaum
Mrs. Justin L. Greene
Mrs. William D. Greene
Miss Audrey Greif
Mrs. Irene A. Griffen
Mrs. William R. Griffith
Miss Eva Gruna
Mrs. Gertrude M. Grynaum
Mr. Vicente Guzman

Mr. Joseph Hanania
Mrs. David Handman
Mrs. Ar a Marie Heimpel
Mrs. Geoffrey Hellman
Mrs. John Henderson
Mr. Arthur Hernandez
Miss Ruth Hirsch
Miss lanthe Hodge
Miss Virginia Hodges
Mr. Archibald R. Holderman
Miss Simi Huberfeld
Miss Patricia Humbert

Miss Rora Jacobacci
Mrs. Louis lacueo
Miss Mary Irish
Mrs. C. Merrill Irvine
Mr. Robert Isaac

Miss Sandra Jackson
Mrs. Harold Jacobs
Mr. David Jacobus
Mr. Richard Jefferson
Mrs. Edward Johnson
Miss Elizabeth Johnson
Mrs. Elizabeth Jones
Mrs. Alice Jordan
Miss Leila Journe

Miss Anne Marie Kachele
Miss Juliet Kafka
Mrs. Rose Kantor
Miss Bonnie Katz
Mrs. Herbert C. Kaufman
Mrs. Leonard Kaufman
Mrs. Karen Kayser
Miss Mary Kelley
Mrs. Douglas King
Miss Jessie King
Mrs. Harry Kirshbaum
Mrs. Frances Koehler
Miss Naomi Koser
Mrs. Jean Kotkin
Miss Julia Kots
Mrs. Jacques Kreisler
Mr. Augustus Krug
Mrs. Ekaterina Kusnetsoff
Miss Mary Kutzy

Miss Sitara Ladson
Miss Ann Land
Miss Elaine Landry
Mr. Hyman Landy
Mrs. Elsie Larson
Mr. Paul Laufer
Miss Elizabeth Lawrence

Miss Sue-Ann Leader
Miss Thea Lehmann
Miss Loretta Lennon
Miss Marion Lennox
Mrs. Ben Levine
Mr. Henry Levine
Mrs. Charlotte Levitt
Mrs. Irving Lew
Mrs. Jerome Liss
Mrs. Amy Londoner
Mrs. Maxwell Low
Mrs. Ethelyn A. Lucas
Mrs. Maurice Luft
Miss Rosa Lugo

Mrs. Bruce McGhie
Miss Phyllis McGovern
Mrs. William McKenney
Mrs. Vincent Macaluso
Mr. Jose A. Machado
Miss Elizabeth Madewell
Miss Linda Magel
Mr. David Malcolmson
Mrs. Signe Manheimer
Mr. Michael Marsh
Miss Isabel Marting
Miss Bonnie Maser
Mrs. Percy Mason
Mrs. Josephine Matkin
Mr. Saul Mehl
Miss Matilde Menden
Miss Helen Milsits
Mr. Darryl Miller
Mrs. Pauline Miller
Mr. John Milne (deceased)
Miss Jean Mitchell
Miss Martha Montoya
Miss Theresa Montoya
Miss Cynthia Moody
Miss Annie Moore
Mrs. Richard Morgan
Mrs. M. M. Morris
Mrs. Irving Morrison
Mrs. Stanley Mortlock
Mrs. Judith Moselle
Mrs. David Moss
Mrs. Netty Munk
Miss Ruth Murphy
Miss Irene E. Musil

Mrs. Jack Nathan
Miss Michelina Neri
Miss Helen L. Neuman
Mr. Kenneth Neureither
Mr. Lloyd Newton
Mr. William Notarangelo

Mr. Robert O'Donovan
Mrs. Louis de L. Oppenheimer
Miss Colleen O'Rourke
Miss Barrie Osborn
Mr. Thomas O'Shea
Miss Patricia Ow

Mrs. Joaquin Pardo
Miss Paula Park

Miss Mary Parker
Mrs. John E. Parsons
Mrs. William T. Parsons
Miss Anne Patterson
Mr. Martin Perlmutter
Miss Patricia Phelan
Miss Athena Phipps
Miss Suzanne Phipps
Mr. Jean Pierre
Mr. Ronald Pinela
Mrs. Richard Pittenger
Miss Dorothy Poppe
Mrs. Alex Porter
Miss Iola Posley
Mrs. Fan Press
Mrs. Clarence Prestwidg
Mrs. Isaac Price

Miss Helen Rautu
Mrs. Addison Raymer
Mrs. George Raymond
Mrs. Ben Reig
Miss Margaret Reiher
Miss Phyllis Rhinelander
Miss Ann Rice
Miss Linda Rice
Miss Marilyn Richter
Mr. Julian H. Robertson, Jr.
Miss Annette Robin
Mrs. Nicholas D'Arcy Roche
Miss Diana Rodriguez
Mr. Stuart Roeder
Mr. William Rooney
Miss Cecile Rosenberg
Mr. Leon Rosenkranz
Mrs. Arthur Roth
Miss Betsy Royster

Miss Jean Ryall
Mr. Robert Ryall

Mrs. Eugene Saber
Miss Fannie Saks
Mrs. Albert Sania
Mrs. Arthur Sarnoff
Mrs. Nicholas Saunders
Miss Kathleen Scarry
Mrs. Alfred Schloss
Miss Lore Schloss
Mrs. Herman Schneider
Mrs. Theodore Schneirla
Miss Arlene Schreiber
Miss Sylvia Schultz
Miss Janet Schumacher
Miss Ethel Schwartz
Miss Leslie Shapiro
Miss Maureen Sheehy
Mr. Edmund Sheldon
Miss Lois Sheldon
Miss Phyllis Sherlock
Mrs. John E. Sidelinger
Miss Rosalind Siegel
Miss Vera Siemionow
Miss Melanie Simpson
Miss Sandra Skovlin
Mrs. George Smith
Mrs. Stelma Smith
Mrs. Richard Smyth
Mrs. Dorothy Southwell
Mrs. John C. Spalding
Mr. George Spear
Miss Patricia Spice
Miss Madge Stanislaus
Miss Lonnie Stern
Miss Teresa Stevenson
Mis Marsha Strauss
Miss Griselda Suazo
Miss Oksana Szaucur
Mrs. Irene Szathmary

Mr. Charles Tackney
Miss Linda Tatta
Mrs. Harry Taub
Miss Altigracia Taveras
Miss Alice Taylor
Miss Patricia Taylor
Mrs. Alfonso Tello
Miss Joy R. Tello
Miss Shirley Teplitzky
Miss Mary Ellen Terenzio
Mrs. H. P. Baldwin Terry
Miss Ethel Tesenenhaus
Miss Ann Thomson
Miss Margaret C. Timpson
Miss Stephanie Titus
Mr. Edward Tobias
Mr. Frank P. Trachtenberg
Mr. William Tucker
Mr. James Turner
Miss Barbara Tymann

Mr. Joaquin Urias
Miss Zaida Valle
Mrs. Geraldine Vance
Mrs. Herbert P. Van Ingen
Miss Elizabeth Van Wickler
Miss Sara M. Velez
Miss Eileen Vesce

Miss Dina Walker
Miss Edwin Walker
Miss Laraine Walker
Mrs. Frank Warren
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Miss Mary Ann Welsh
Miss Gale Wernick
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Miss Jean Willard
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Mrs. Colin Winter
Miss Florence Wolf
Miss Bonnie Woodworth

Miss Sandra Yarrow

Mrs. Bernard Zeldin
Miss Adrienne Zeleznik
Mrs. Ward Zimmerman
Miss Carol Zinn
Mrs. Enid Zlotnick

*Names lastingly linked with The Roosevelt Hospital as the result
of bequests, endowments, memorials and named facilities**

Marguerite Mart Lachapelle	John S. Neuman	Bob Caldwell University	Dr John F. Thacker
Joseph C. Lopez	Alma Gena Odehay	Pauline E. Ruhle	Jean Thompson
Caro Letts	Elizabeth M. Dugdale	Dr Leon A. Blundquist	Lucinda Thompson
Terri Lee Louis	Ziggi Palmer	Dr James J. Butler	Anne Thompson
Walter Lorraine Luis	Kathleen G. Parsons	John P. Buttner	Jane Tifford
Henry A. Lura	Alexander Patterson	Antonina G. Caccia	Sherman Topley
Theodore Lucy Lutemburg and	Mark Peal	Henry H. Sands	Joseph T. Tower
David Lyng	Dr. Gertie L. Penney	Samuel B. Schlesinger	Joseph T. Tower Jr.
Pauline Marjorie Luttinger	Anna Perlmutter	James S. Schlesinger	Mark G. Tower
Marilyn May Lymph	Edna Phair	Adeline E. Schlesinger	Mary G. Tower
Mrs. Priscilla M. McLean	Ralph Phipps	Dr. Andrew Schlesinger	Howard Townsend
Henry J. McNaugh	Ann Phillips	Subra S. Sekhar	Charles C. Trippanier
Dorothy Randi McNease	Margaret L. Person	Auramose Phillips	Lillian H. Trippanier
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Malvina McNease	Katherine Purdy	Anna Alexander Schlesinger	Grace Updike
Walter McNease	Montague Quisenberry	Mark Schlesinger	Mary Elmer Van Beekum
Walter McNease	Edwin Parker	Frederick W. Johnson	Dr. Philip Van Ingen
Walter McNease	Elmer Parker	Eduard W. Johnson	James Van Beekum
Walter McNease	Edwin Parker	Frank W. Johnson	Albert Vanden Boer
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Walter McNease	William Sprague	Florence B. Shaw	Perry S. Kennedy
Walter McNease	Monica S. Reynolds	Shirley Compton Foundation	Mayo Samuel Kishman
Walter McNease	Mayo Marlene Riddle	Chrysophyde Rubin Shlesinger	James E. Ward Jr.
Walter McNease	Robert Riddell	Anne Shlesinger	Henry C. Ward
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Walter McNease	Alice Riddell	Josephine Somers	Hallieuse E. Ward
Walter McNease	Edith R. Riddell	Josephine Somers	Henry C. Warhol
Walter McNease	John R. Riddell	John Somers	Marie C. Webber
Walter McNease	George W. Riddell	Emily L. Somers	Thomas J. Webber
Walter McNease	George W. Riddell	Matthew S. Stegmaier	Mrs. Sherman H. Webbs
Walter McNease	George W. Riddell	Teresa Meing	Therese S. Webbs
Walter McNease	Albert Riddell	Edward P. Spartoene, Jr.	Walden Webb
Walter McNease	Albert Riddell	Edgar A. Stevens	Dr. William Crawford White
Walter McNease	Charlotte & Riddell	Edgar C. W. Stevens	Madeline Stevenson Whiting
Walter McNease	Salomee Anna Riddell	Lopogramm Winkler	Agnesichuk Whitman
Walter McNease	Dr. Paul Riddell & Children	Charles T. Stoyer	John Whitman
Walter McNease	James P. Riddell	Robert Russel Stoyer	Julia Whitman
Walter McNease	Agnes E. Riddell	Myrtle Lorraine Audry, Mrs.	Anna C. Whittlesey
Walter McNease	Agnes E. Riddell	Dorothy E. Suttage	Perle Washington Whitley
Walter McNease	Agnes E. Riddell	Margaret F. Sullivan	Sylvia A. M. G. Bills
Walter McNease	Agnes E. Riddell	Robert T. Suttle	Mary M. Williams
Walter McNease	Agnes E. Riddell	Setzer Foundation	William C. Williams
Walter McNease	Agnes E. Riddell	Elmer S. Sykes	Gwendolyn Elizabeth Windham
Walter McNease	Agnes E. Riddell	Alva L. Symister	Mr. Frank E. Wilhite
Walter McNease	Agnes E. Riddell	Angela J. Sykes	Lopogramm Stewart Wilhite
Walter McNease	Agnes E. Riddell	Lytta Virginia Taylor	John Wulffender
Walter McNease	Agnes E. Riddell	Ella A. Thorpe	Wesley J. Hartwell, Associate, Inc.
Walter McNease	Agnes E. Riddell		Anna Urea, Executive

*November 2, 1871 — November 2, 1874



PHILANTHROPIC SUPPORT

Gifts, grants and bequests from 2,455 individuals and organizations — plus net earnings on the endowments made possible by previous benefactors — provided philanthropic support for Roosevelt during its twelve months of 1966, in the amount of \$2,358,562. This was exclusive of several substantial pledges to be applied to future construction, plus many greatly appreciated "gifts in kind." The latter included several items of equipment; books to be added to the Patients' Free Library, and flowers for distribution to patient rooms.

Of the cash benefactions received during the year, there were three of \$100,000 and up . . . five of \$50,000 to \$100,000 . . . twelve in the \$25,000 to \$50,000 range . . . twenty from \$10,000 to \$25,000 . . . and 118 from \$1,000 to \$10,000. As in years past, many of these gifts, grants and bequests made possible further additions to the roster of individuals who are enduringly identified with Hospital missions by means

of "named" facilities; special-purpose endowments, and commemorative plaques.

A feature of the 95th Anniversary observance was the remembrance and recognition accorded benefactors of years past. This included widespread distribution of a folder entitled "Enduring Recognition & Remembrance." This brought to mind, once again, the many names that have been lastingly linked with The Roosevelt Hospital over the past 95 years due to the receipt of bequests, endowments, memorials, and gifts for "named" facilities.

There also were various special ceremonies having to do with the unveiling and dedication of several of the many new commemorative plaques that were installed during the year. Notable among such events were those honoring Mrs. Donald F. Bush, Mr. George Roberts, Mr. Gayer G. Dominick, Mr. Thomas J. Watson, Sr., and Dr. Henry W. Cave.

Specific endeavors aided by the cash benefactions received during 1966 included the following:

Annual Maintenance (gifts for "free medical care"; grants from the United Hospital and Greater New York Funds; proceeds of the 1966 Ball of the Roses, and investment income from general endowment, etc.)

\$895,228

Research, teaching, and social service activities, etc. (gifts and grants for such purposes, including proceeds of the 1966 Theatre Benefit, and earnings on special-purpose funds)

\$883,395

Present and future construction (gifts for the expansion of Psychiatric facilities and for the renovation of Pediatric accommodations, and other gifts and grants, etc. for building purposes)

\$307,538

General endowment (gifts and bequests, etc. for such purposes)

\$272,401

Total

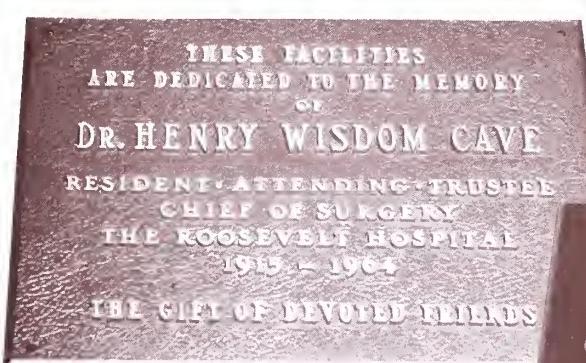
\$2,358,562

The task of encouraging a constant flow of philanthropic support for Roosevelt continues to be the responsibility of the Hospital's Committee on Financial Resources. This group seeks to make certain that everyone with a concern for the Hospital or an interest in the neighborhood that we serve is advised of our philanthropic needs and is provided opportunity for appropriate action.

To offset operating deficits and for the financing of teaching and research, annual support of from \$2 million to \$3 million is presently required. In addition, there is a mounting need for benefactions, of a most substantial nature, that can be applied to replacements, renovations or new construction.

Gifts for any or all of these purposes—including tributes of a commemorative nature—are invited and will be deeply appreciated.

Information both about needs and about opportunities for constructive philanthropy will be gladly supplied by the Committee on Financial Resources.



THE ROOSEVELT HOSPITAL BALANCE SHEET



ASSETS

	1966	1965
CURRENT ASSETS:		
Cash	\$ 575,530	\$ 565,738
Investments—bonds, stocks, and other—at cost or contributed value (approximate market value — 1966, \$753,000; 1965, \$577,000)	657,568	548,318
Accrued interest receivable	44,266	79,693
Accounts receivable:		
Patients' care (less reserve — 1966, \$441,578; 1965, \$375,250)	3,203,083	2,425,602
Other	72,905	79,810
Supplies and materials — at cost	256,289	195,521
Prepaid expenses	43,449	77,594
Total current assets	<u>4,853,090</u>	<u>3,972,276</u>
 PLANT ASSETS:		
Land and land improvements, at cost	326,147	326,147
Buildings and equipment, at cost (less accumulated depreciation — 1966, \$6,926,951; 1965, \$6,317,937)	19,031,689	18,190,396
Construction in progress	299,476	287,130
Total plant assets	<u>19,657,312</u>	<u>18,803,673</u>
Total	<u>24,510,402</u>	<u>22,775,949</u>
 ENDOWMENT AND OTHER FUNDS:		
Investments — at cost or contributed value:		
Bonds and stocks (approximate market value— 1966, \$13,001,000; 1965, \$16,426,000)	11,113,321	13,257,874
Real estate	1,490,358	890,103
Mortgage receivable	99,153	104,291
Commercial notes, etc.	742,313	535,823
Accrued interest receivable	4,482	10,574
Total	<u>13,449,627</u>	<u>14,798,665</u>
 TOTAL ASSETS	<u>\$37,960,029</u>	<u>\$37,574,614</u>

See accompanying Notes to Financial Statements.



LIABILITIES AND FUNDS

	1966	1965
CURRENT LIABILITIES AND TEMPORARY FUNDS:		
Accounts payable	\$ 322,255	\$ 478,561
Accrued payroll and other expenses	388,374	290,906
Temporary Funds	<u>1,591,965</u>	<u>1,213,720</u>
Total current liabilities and Temporary Funds	<u>2,302,594</u>	<u>1,983,187</u>
 GENERAL AND PLANT FUNDS		
	22,207,808	20,792,762
Total	<u>24,510,402</u>	<u>22,775,949</u>
 ENDOWMENT AND OTHER FUNDS:		
Special Funds:		
Unrestricted Gifts and Legacies Fund	98,937	251,768
Stuart M. Crocker Educational Fund	727,363	774,046
Progress Fund — for Winston Building and related facilities	<u>660,590</u>	<u>992,199</u>
Total Special Funds	<u>1,486,890</u>	<u>2,018,013</u>
Endowment Funds	<u>10,717,458</u>	<u>11,413,346</u>
Funds for Replacement and Expansion of Plant	<u>1,245,279</u>	<u>1,367,306</u>
Total	<u>13,449,627</u>	<u>14,798,665</u>
 TOTAL LIABILITIES AND FUNDS	<u>\$37,960,029</u>	<u>\$37,574,614</u>

See accompanying Notes to Financial Statements.



STATEMENT OF CURRENT INCOME
FOR THE YEARS ENDED DECEMBER 31, 1966 AND 1965

	1966	1965
OPERATING INCOME:		
Patient care and services (Note 1)	\$14,442,724	\$12,624,359
Temporary funds currently applied	558,864	494,542
Other	734,274	645,496
Total	15,735,862	13,764,397
Less:		
Allowances and provision for doubtful accounts . . .	2,548,754	2,804,229
Associated Hospital Service of New York allowance for capital costs (Note 1) . . .	154,202	164,601
Total	2,702,956	2,968,830
Operating income — net	13,032,906	10,795,567
OPERATING EXPENSE:		
Professional staff, nursing, and special services	8,162,558	6,886,625
Outpatient services	736,098	696,215
Dietary	1,175,838	1,020,940
Household and property	1,793,266	1,610,433
Residence buildings	108,002	72,230
Administration and general	2,044,785	1,688,506
Provision for depreciation	608,615	583,158
Total operating expense	14,629,162	12,558,107
EXCESS OF OPERATING EXPENSE OVER OPERATING INCOME	1,596,256	1,762,540
OTHER INCOME:		
From investments	536,531	572,942
United Hospital Fund and Greater New York Fund grants	141,068	130,376
Contributions for free medical care	217,629	201,142
Total	895,228	904,460
EXCESS OF EXPENSE	\$ 701,028	\$ 858,080

See accompanying Notes to Financial Statements.

THE ROOSEVELT HOSPITAL



**SUMMARY OF CHANGES IN FUNDS
FOR THE YEAR ENDED DECEMBER 31, 1966**

	Temporary Funds	General And Plant Funds	Special Funds	Endowment Funds	Funds For Replacement And Expansion Of Plant
BALANCE, JANUARY 1, 1966	\$1,213,720	\$20,792,762	\$2,018,013	\$11,413,346	\$1,367,306
ADD (DEDUCT):					
Contributions, grants, and legacies ...	836,382		97,487	352,215	157,259
Restricted investment income	39,589		67,273		6,490
Net losses from investments sold or redeemed			(6,149)	(79,814)	(7,398)
Associated Hospital Service of New York —capital cost allowance					154,202
Professional fees and other income	160,343				
Temporary funds currently applied — transferred to current income	(558,864)				
Transfers between funds:					
For equipment acquisitions and building additions	(46,210)	833,016	(355,827)		(430,979)
For operating and other purposes—net	(52,995)	250,000	(250,000)	31,711	21,284
For liquidation of interfund borrowing (Note 4)		1,000,000		(1,000,000)	
Equipment acquisition—Capitalization of 1965 rental payments		33,058			
Excess of expense for the year 1966		(701,028)			
Grants and other			(83,907)		(22,885)
BALANCE, DECEMBER 31, 1966	<u>\$1,591,965</u>	<u>\$22,207,808</u>	<u>\$1,486,890</u>	<u>\$10,717,458</u>	<u>\$1,245,279</u>

NOTES TO FINANCIAL STATEMENTS

1. CAPITAL COST ALLOWANCE

Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York, the Hospital accrued capital cost allowances of \$154,202 during 1966 and \$164,601 during 1965 as part of its reimbursement for services rendered to AHS subscribers. The Hospital is required to maintain these allowances in a restricted fund to be used only for equipment replacement or modernization and replacement of existing buildings. Accordingly, these allowances have been transferred to funds for replacement and expansion of plant.

2. COMMITMENTS

The Hospital is presently constructing and renovating certain facilities and acquiring real estate. Commitments in connection therewith aggregated approximately \$565,000 at December 31, 1966, including approximately \$59,000 retained on completed work which has not been reflected in the accompanying balance sheet.

3. RETIREMENT PLAN

The Hospital has in effect a non-contributory retirement plan for qualified employees. Under specified conditions certain employees have the option of making contributions to the plan.

Normal and prior service contributions to the plan by the Hospital for the year ended December 31, 1966 aggregated \$140,000. As of December 31, 1966 the unfunded prior service cost, as estimated by the actuary of the plan, was approximately \$300,000, and is being funded over a twenty-year period ending in 1982. The Hospital may amend or terminate the plan at its option.

4. LIQUIDATION OF INTERFUND BORROWING

The interfund borrowing of capital from the Endowment Fund by the General Fund of \$1,000,000 as of December 31, 1966 is shown in the Summary of Changes in Funds in the fund to/from which the monies were transferred.

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees of
The Roosevelt Hospital;

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1966 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1966 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

HASKINS & SELLS

New York, N. Y.
March 17, 1967



THE MEDICAL BOARD

(As of March 31, 1967)

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Howard S. Dunbar, M.D., Vice-President

Kenneth T. Donaldson, M.D., Secretary

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Howard F. Shattuck, M.D.

Frank R. Smith, M.D.
Agnes C. Wilson, M.D.



THE MEDICAL STAFF

(As of March 31, 1967)

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Emanuel Papper, M.D.

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Dtelia J. Bengtsson, M.D., Allergy
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Sidney C. Werner, M.D.

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Hilton H. Stothers, M.D., Dtolaryngology

Department of Urology

Simon A. Beisler, M.D.

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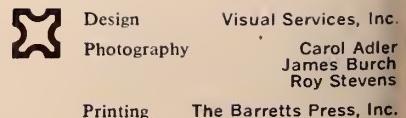
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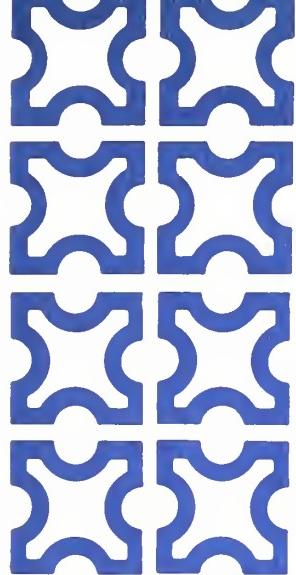


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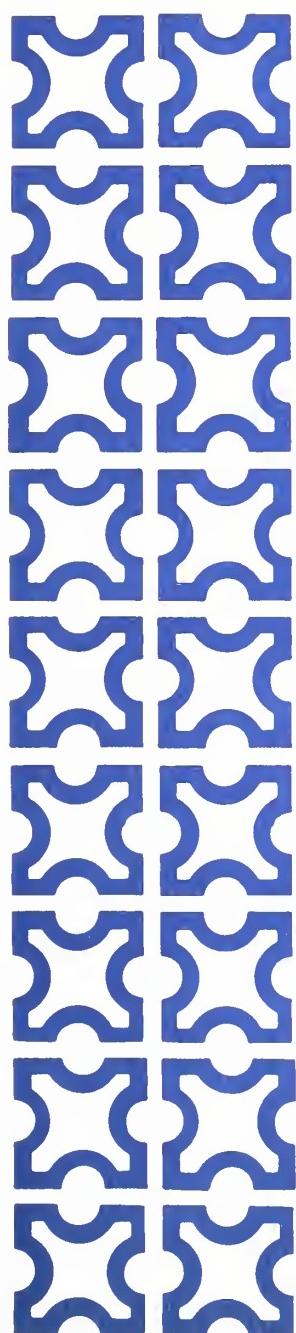
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Retired

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Mrs. Frederic W. Lincoln

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Willard C. Rappleye, M.D.

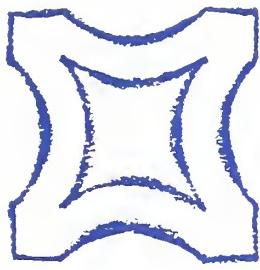
George Roberts

Jack I. Straus

George G. Walker

Peter B. Terenzio, Executive Vice President

*The design element of this publication, as presented on the cover and repeated in subsequent pages,
is based on the motif of the ceramic screen which is a feature of the Winston Building Lobby.*



Annual Report 1967

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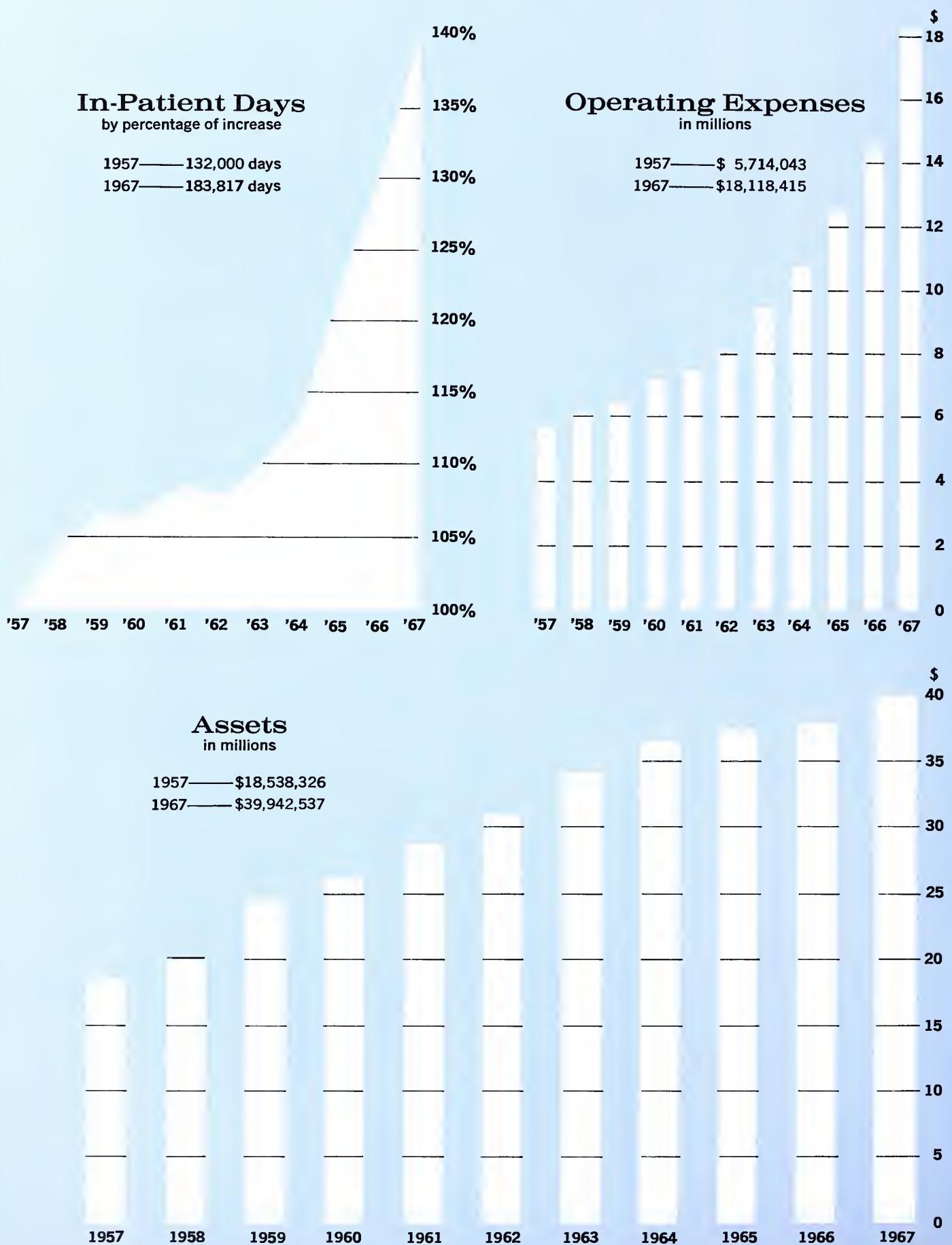
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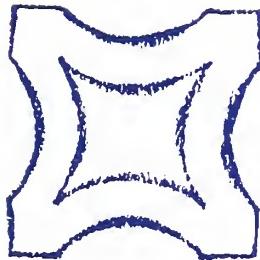
The Roosevelt Hospital

428 West 59th Street, New York, New York 10019 / Telephone (212) 554-7000



A Decade at a Glance





President's Report

In 1967, at The Roosevelt Hospital, there was a strengthening of facilities, services and resources which placed us in a position to look forward with confidence to the great challenges that lie ahead.

Highlights of the year included a further closing of the gap between operating income and operating expense . . . continued demonstration of ability to function effectively at the new plateaus of activity and responsibility to which the Hospital has advanced, year after year, over the past decade and particularly since the opening in September, 1964, of the Garrard B. Winston Memorial Building . . . and a significant rise in the tide of philanthropic support that has come our way since the inception, late in 1956, of what was then termed the "Progress Fund" program. At the same time, there was additional implementation of our plans for the future.

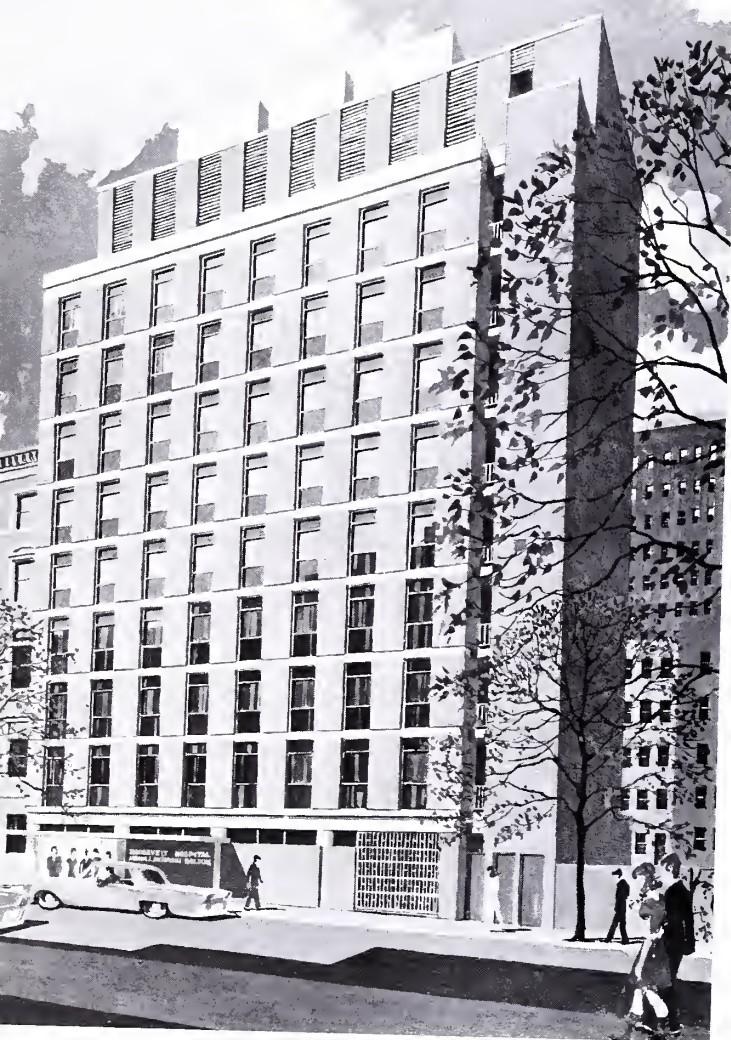
The Hospital's present status, as contrasted to our posture ten years ago, is well illustrated, I believe, by the graphs which are presented on page two of this publication, under the heading "A Decade At A Glance." These show that since 1957 there has been an increase in the annual volume of patient care of some 40 per cent; a near tripling of expenditures made for operating purposes, and a gain in our total resources of well over 100 per cent.

Other comparative statistics—many of which are indicated by data that appear elsewhere in this report—are similarly impressive. Today, throughout the United

States, there are only a few score or so of voluntary hospitals with a greater capacity for service—and even fewer, perhaps, with richer potentials. What is most gratifying is that our current situation—as a 562-bed institution—has been attained without any lessening of dedication, on the part of all, to the long-held aim of seeking to provide excellence of patient care in a warm, friendly, human atmosphere.

Happenings during 1967 are well described in the messages that have been prepared for this review by Dr. Arthur J. Antenucci, as President of the Hospital's Medical Board; by Mrs. Howard E. Buhse, as Chairman of the Hospital's Volunteer Committee, and by Peter B. Terenzio, as the Hospital's Executive Vice President. My very sincere thanks are extended to each, as well as to their many associates. I also express profound gratitude to Jack I. Straus, Chairman, and our associates on the Board of Trustees. The record reflects devotion and interest which often were well over and beyond normal calls to duty.

Personally, I was largely concerned with the future. Proper discharge of our stewardship calls—as I have pointed out in previous Annual Reports—for the evolution of Roosevelt, as promptly as possible, from what has long been primarily an acute-care institution into a medical complex capable of assuming responsibility for the total health needs of a significant segment of mid-town Manhattan. Only a few years ago, this was a vision. Today, it is a distinct possibility.



A glimpse of the "shape of one of many things to come" is provided by the architectural drawings, on this page, of the Arthur J. Antenucci Building. Scheduled for construction during 1969 on the south side of West 58th Street, between 9th and 10th Avenues, this will be the first addition to the Roosevelt complex to be built off the Hospital's original base block. Its dedication in tribute to a Roosevelt physician continues a long tradition of honoring individuals whose activities or benefactions have contributed to the Hospital's progress. Other recently named areas have included the Robert W. Laidlaw Library on the 10th floor of the Tower Building, and the Simon A. Beisler Urological Suite on the 2nd floor of the Private Pavilion.

One great source of encouragement has been the generous response which we are receiving to the announcement, made in December, of plans for a research center to be named in tribute to Dr. Antenucci. The importance of this new building, which is to provide more than 100,000 square feet of space equipped for and devoted to investigative endeavors in all phases of medicine and surgery, can hardly be overestimated. It will not only help assure maintenance of high standards of patient care; it also will strengthen our educational activities and, at the same time, aid in attracting the quality and variety of medical personnel which will be required for the effective staffing of future activities. Even though there has been no widespread solicitation, as of today a major share of the necessary financing is at hand, and we look forward to having the actual construction well under way shortly after the turn of the year.

Another step forward in the broadening of the Hospital's scope of service was the launching, in November, of a comprehensive child and youth care center. This project is a joint undertaking of the Hospital and the Children's Bureau of the U.S. Department of Health, Education and Welfare, and aims at offering complete health services to economically deprived children living on the west side of Manhattan, between 42nd and 86th Streets.

The center will be housed in special quarters now being constructed on the first three floors of Residence Hall; will have its own entrance on 59th Street, and will offer complete preventive, diagnostic and therapeutic care in medical, dental, mental health, and social service fields. It has already aided many children in a variety of ways, and is expected to be fully functioning within the next several months.

There are two other very important matters on the immediate horizon. First, an agreement which could lead to the construction on property presently owned by the Hospital on the west side of Amsterdam Avenue, between 59th and 60th

Streets, of a community mental health facility with which would be combined a building designed to provide increased housing for Roosevelt staff. Second, the preparation, as authorized recently by the Hospital's Board of Trustees, of detailed working designs for a 15-story building to be located on the west end of the present complex.

In prospect, therefore, is the start of the actual count down for what might be described as "Operation 2nd Century." What we can now look forward to is action that should lead to the creation of most of the facilities called for by the "Master Plan" which has been in the process of development over the past four to five years.

Of greatest significance is the contemplated addition to our present base block. As presently recommended, this would be designed to increase Roosevelt's gross floor area by approximately 750,000 square feet . . . to increase our total bed accommodations from 562 to 700 . . . to create a new facility designated as the ambulatory care center . . . and to provide expanded or modernized accommodations for our emergency, radiology, physical therapy, radiotherapy, and maternity services.

Much depends, of course, on continuing recognition by our friends and supporters of the fact that in this era of constantly accelerating medical progress, facilities, standards, and services, which assured proper patient care yesterday, may be less than adequate today and, conceivably, almost obsolete tomorrow. Just as in the Biblical phrase, "faith without works is dead," so vision, without what has been described as "the sinews of war," may also be a mirage. In other words, basic to the realization of our aspirations for the years ahead are further partnerships of skills, resources and benefactions.

There was a time in the Hospital's early days when gifts were often sought for little more—to quote one past appeal—than the purchase of "new thermometers, whiskey for therapeutic purposes and oats for the

430



The basic idea of our new Child and Youth Center (with its entrance at 430 West 59th Street) is that no child in the Hospital's area "should be sick or handicapped simply because good medical care is hard to find, or because it costs too much." As suggested by the photographs on this page, this facility offers free medical and dental examinations to children, from birth through their teens, plus care and treatment when needed.



horse that pulls the ambulance." Today's philanthropic requirement is not only tremendously greater; it also is constantly becoming more sophisticated and complex.

Thanks, in large measure, to more realistic reimbursements from Blue Cross and governmental agencies, we are now looking forward to an era of balanced budgets. Nonetheless, there will continue to be needy patients who do not qualify for Medicare or Medicaid but still are not in a position to pay the full costs of their care; there will be an increasing number of projects having to do with either medical education or research for which special financing will be needed, and there may, also, be further grants—akin to the one authorized for the support of the child and youth care center—which are contingent on the raising from private sources of a portion of the expense. Thus, a constant flow of gifts, grants and bequests will continue to be vital.

In addition, the cost of the renovation, modernization and expansion program to which we are now nearing full commitment will probably necessitate, for its ultimate fulfillment, total expenditures, for capital purposes, of at least \$60 million.

It is believed that substantial governmental assistance can be obtained for the contemplated capital investments. For example, the proposed community mental health center, although to be staffed by Roosevelt personnel, would be primarily a federal, state and city project. Other assistance will probably take the form either of outright construction grants, or of long-term loans that would be scheduled for repayment from the depreciation allowances which are now included in patient care reimbursements from most third party sources.

In consequence, aid which will be required from private philanthropy, while substantial, will be proportionately less than would have been the case a decade or so ago. There will, however, be many opportunities for creative giving, particularly

in helping to provide support for the advancement and development of new techniques, facilities and procedures.

All of us were saddened by the deaths, since our last Annual Report, of two long-time members of the Board of Trustees—Thomas D'Arcy Brophy, who joined the Board in 1953, and Ralph T. Reed, a member since 1957. Each was devoted to Roosevelt and helpful, in many ways, with our recent advancements. Both will be sorely missed as well as long remembered.

I am told that there is a saying, familiar to many of the Hospital's friends, to the effect that "a life saved is a world saved." This is somewhat similar, I believe, to the concept often expressed in scientific circles that "to know a grain of sand is to understand the universe."

Both sayings could well have profound implications for everyone concerned with The Roosevelt Hospital. Our aim is to assure care for thousands upon thousands—but it could be that simply because we help to alleviate a few moments of pain or to restore a single child to a fruitful life, our efforts may have an immeasurable impact on the world of tomorrow.

In any and all events, ours is a great cause. I relish being a part of it, and I hope that my satisfaction is shared by the many others who are dedicated to The Roosevelt Hospital.

H. Whitfield Carhart

H. Whitfield Carhart
President

March 31, 1968

Statistical Highlights

Patients

In-Patients

	<u>1967</u>	<u>1966</u>
Admissions		
Private	2,495	2,646
Semi-private	5,871	5,551
Ward	3,944	4,184
Obstetrics	1,179	842
Total	13,489	13,223

Births

Patient Days	1,136	773
Private	27,666	26,956
Semi-private	81,205	70,585
Ward	57,852	63,983
Obstetrics	8,351	5,404
Newborn	8,243	4,908
Total	183,317	171,836

Average length of stay
(excluding Obstetrics & Newborn)

13.5 days

13.1 days

Percentage of occupancy
(excluding Obstetrics & Newborn)

87.9

86.1

Out-patients

Individuals (excluding those who received emergency treatment)	22,246	22,710
Clinic Visits		
Allergy	21,580	24,534
Tower	64,677	57,899
Emergency	53,764	50,820
Total	140,021	133,253

Ambulance calls answered

9,780

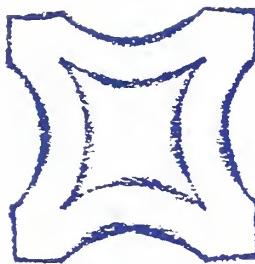
10,663

Service

Number of services and clinics	53	48
Number of beds	562 plus 53 bassinets	558 plus 53 bassinets
Number of doctors on Medical Staff	346	328
Total number of employees	1,902	1,645
Number of nurses	302	265
Number of volunteer workers	469	512
Number of blood transfusions	3,319	3,522
Number of surgical procedures	6,504	6,752
Number of Social Service Department interviews and home visits	26,053	25,746
Number of medication orders filled by Hospital Pharmacy	275,071	240,000
Number of laboratory tests, etc.	754,628	471,936
Number of patient meals served	469,565	441,134
Pounds of laundry processed	2,662,281	2,540,376
Space occupied by present facilities	614,472 sq. ft.	583,411 sq. ft.

School of Nursing

Student enrollment	110	119
Graduates	51	40
School Alumnae	2,054	2,003



Medical Board

No one feels the pulse of a hospital and its activities more keenly than the president of its medical board, and having been privileged to serve in that capacity at The Roosevelt Hospital for four years, in two-year stretches over a twelve-year period, I am happy to be able to report that the future of the Hospital, as of today, has rarely seemed more favorable.

In 1874, less than three years after the Hospital was opened with a bed-capacity of 180, Roosevelt was described by a British medical authority in an address at the University College Hospital in London, as "without doubt the most complete medical charity in every respect, I have ever seen."

Thus, it is clear that Roosevelt was blessed with an auspicious beginning. Even more important, there is ample evidence that it also has had, over the following years, the benefit of leaders, friends and benefactors, who have been ever sensitive to the health needs of the community and wise in the ways and means of doing something about them.

Many—indeed, perhaps, most—of the great advances in medicine have taken place since the Hospital was founded, yet Roosevelt has kept pace. Building on the firm foundation of a past, rich in tradition, the Hospital has constantly adapted to the rapidly changing social scene and continues, I firmly believe, in the forefront of the accelerating march of medical progress.

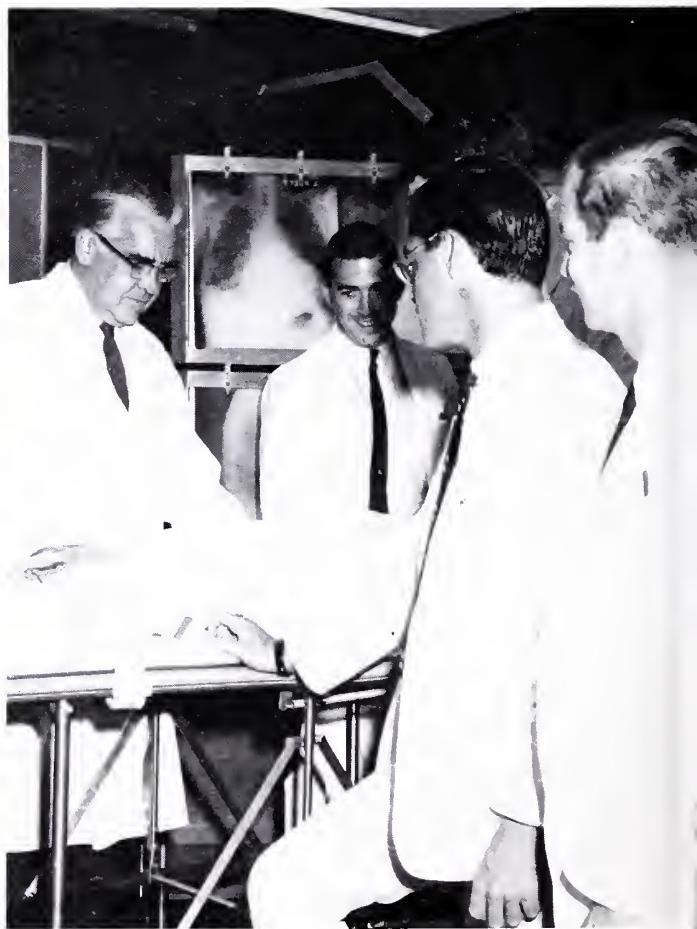
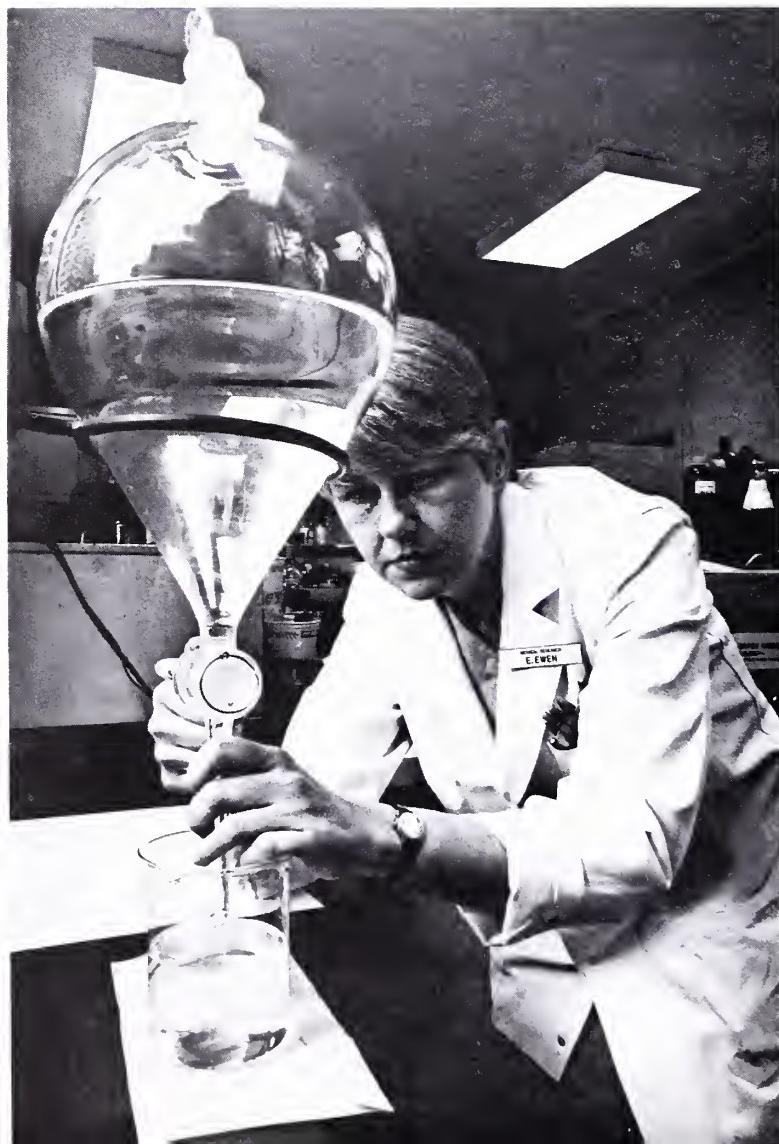
A recent contributing factor has been increased involvement by officers and members of the Board of Trustees in all aspects of the Hospital's endeavors. This has included selection of departmental chairmen, with members of the Medical

Board acting as advisors, and planning for the future carried on over the past several years by a committee on which Dr. Albert A. Dunn has served, as recording secretary, and all other departmental chairmen and the President of the Medical Board, as advisors. In addition, the President of the Medical Board late in 1967 began to meet monthly with the President of the Board of Trustees, the Chairman of the Board, and the Executive Vice President for the purpose of discussing mutual problems. In response to an invitation from the trustees, the elected officers of the Medical Board also attended all meetings of the Board of Trustees. All of this has led, in my opinion, both to better understanding and to greater cooperation among trustees, doctors and administration. The opportunities thus afforded for communication between the Board of Trustees and the Medical Board will continue.

A further step along such lines, and one which should ultimately be of far-reaching significance, was the decision made in 1967 to reproduce and make available to trustees and all others who might be interested, copies of the reviews of the year which are regularly prepared by chairmen of departments. This resulted in a handsomely bound volume of some 68 pages which reported in detail on activities during the twelve months of 1966 of the Departments of Anesthesiology, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology, Rehabilitation Medicine, Surgery, and Urology. There also was a section which listed the publications in 1966 by members of the entire professional staff. A similar volume, dealing with 1967 activities, is now



As suggested by the photographs on this page, activities during 1967 have included publication of detailed departmental reports; expanded services to the community; intensified educational endeavors, and an ever broadening of the Hospital's research program.



in process of preparation and will gladly be made available to individuals and organizations who may be interested in elaborations on the messages and data contained in the Hospital's Annual Report.

To attempt to summarize, department by department, the reports for 1967 would be difficult. Each is well prepared and merits consideration of all with an interest in, or concern for, the particular discipline involved. Together they tell a story which, I feel, can well be regarded by all friends of Roosevelt as a source of inspiration and encouragement. They indicate, as nothing else can, the progress that we have made.

Typical are excerpts from the reports prepared for the following departments:

Department of Medicine

Nicholas P. Christy, M.D., Chairman

During the year 1967, the development of the department continued along the lines set out in the annual report for 1966. New members joined the staff. The joint teaching activities with the Columbia University College of Physicians and Surgeons were increased in volume. The laboratory research facility in the Syms Building was completely renovated and by the end of the year work was in progress by the five laboratory groups now occupying that building. Further organizational changes occurred in the clinic and in the teaching on the private service. Again, as last year, substantial support of the research activities of the department and stipends for postdoctoral fellows were forthcoming from a number of donors through the good offices of several members of the staff.

Department of Obstetrics-Gynecology

Ralph W. Gause, M.D., Chairman

There was a 43 per cent increase in the number of deliveries, from 802 to 1,151. (An increase of 33 per cent is anticipated for 1968.) More gynecological operations were performed in 1967 than during any previous year of The Roosevelt Hospital history. The increase in the number of deliveries, and especially the increase in the number of major gynecological operations, has been a boon to the opportunity for experience and learning by the residents.

There has also been an increase in the number of applications. As of October 2, 1967, the fourth-year Cornell medical students have been receiving their labor and delivery room experience at The Roosevelt Hospital. An intensive teaching program has been instituted and directed by Dr. E. Thomas Steadman. It will continue until the class is graduated in 1968.

Department of Pediatrics

Edmund N. Joyner, III, M.D., Chairman

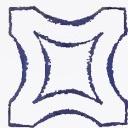
During the year 1967, there has been an extraordinary expansion of the ambulatory services of the department, a continued improvement in the educational opportunities offered to the resident staff and the beginning of some research. To accomplish this has required major changes in the professional and administrative organization of the department.

The expansion in ambulatory services has resulted in a significant increase in the number of patients seen but, more important, a marked increase in the breadth of the services we are offering to the youth and children of our community. We also believe that this expansion has been accompanied by an improvement in the quality of the services rendered. The increase in the breadth of services is not limited to the discipline of pediatrics; on the contrary, in order to obtain truly comprehensive care of the total child required the addition of professional personnel in many disciplines, some of which are new to the Hospital. Among these are a new and large section of dentistry, a pediatric ophthalmologist, a pediatric otolaryngologist, as well as a large number of public health nurses. A great boon to the department has been the presence of a highly qualified pediatric surgeon, Dr. Cedric J. Priebe, Jr., who joined the Department of Surgery in July.

Department of Psychiatry

Harley C. Shands, M.D., Chairman

1967 was a year of continued expansion in the Department of Psychiatry, with the prospect of further expansion as we move toward the West Side Community Mental Health Center's building now tentatively scheduled for 1972. In 1967, a concrete first step was taken by the city in appropriating a large sum of



1967 Philanthropic Support

Gifts, grants and bequests from 2,599 individuals and organizations—plus income from endowments made possible by previous benefactors—provided philanthropic support for Roosevelt, during the twelve months of 1967, totalling \$3,541,010. This compares with support from similar sources of \$2,358,562 during 1966. In addition, there were pledges, for payment in future years, totalling more than \$1,200,000, plus many greatly appreciated "gifts in kind."

Of the gifts, grants and bequests received, there were five of \$100,000 and up . . . eight of \$50,000 to \$100,000 . . . 24 in the \$10,000 to \$50,000 range . . . 25 from \$5,000 to \$10,000 . . . and 109 from \$1,000 to \$5,000. Among the gifts were many, as in past years, of an "in memory" nature.

Total benefactions were applied as follows:

Patient Care . . .	\$ 901,127
Research, Teaching and Social Service . .	984,997
Current and Future Construction . . .	1,349,524
Endowment . . .	<u>305,362</u>
Total	\$3,541,010

The heartfelt thanks of the entire Hospital go out to each and all of our benefactors. Their generosity continues to be a constant source of inspiration and encouragement to every one concerned with the Hospital's mission.

The task of encouraging a constant flow of philanthropic support for Roosevelt is the responsibility of the Hospital's Committee on Financial Resources. This group seeks to make certain that everyone with a concern for the Hospital or an interest in the neighborhood that we serve is advised of our philanthropic needs and is provided opportunity for appropriate action.

Information about current needs; about opportunities to help with new construction, etc., and about possibilities of the creation of memorials may be obtained from the Department of Financial Resources, The Roosevelt Hospital, 428 West 59th Street, New York, N.Y. 10019.

money for the land upon which the center is to be built, and the beginning steps of outlining the space requirements were taken to provide architects with data for planning the building. We remain very grateful for the remarkable cooperation existent in our relations with the Community Mental Health Board and the city and state mental health agencies with whom we are continuously in negotiation.

Department of Rehabilitation Medicine John J. Untereker, M.D., Chairman

A rehabilitation medicine clinic was developed and became fully operative in the latter part of the year. The functions of this clinic include specialized examination of referred clinic patients with neuromuscular disabilities, as well as prescription and checkout of all prosthetic and orthotic appliances. Preliminary conversations and planning were initiated with governmental health agencies to designate The Roosevelt Hospital as a Center for the Rehabilitation of Amputees and Children.

Department of Radiology Albert A. Dunn, M.D., Chairman

The year 1967 marked the beginning of expansion of the Department of Radiology in the sections of special procedures, urology and nuclear medicine. Construction was completed in urology. Construction in special procedures and nuclear medicine will be completed in 1968. Another innovation was the installation of nine automatic viewing alternators which strengthened the teaching ability and improved the productivity and efficiency of film reporting. During 1967 a formal agreement was made to affiliate with New York Community College in the education of radiological or x-ray technologists. While certain improvements have been made in the operation of the department, further innovations are planned in 1968 to further improve teaching and to increase the efficiency of the department.

Department of Surgery Howard A. Patterson, M.D., Exec. Officer

During the year, 6,580 operations were done in our operating rooms. 6,371 of these operations were done with members of the Department of Anesthesiology in attendance. The total hours of anesthesia were 8,591. The Department of Anesthesiology was called on for help with 854 obstetrical cases,

adding considerably to the load as far as time coverage is concerned. Halothane was used in 68% of the surgical cases. The use of ether continued to decrease considerably. Endotracheal tubes were used in 2,800 patients, a moderate increase over 1966. The comparative safety of modern anesthesia and modern surgery was again demonstrated. In spite of large numbers of very elderly people and many cases involving desperate situations, such as ruptured aneurysms of the abdominal aorta and gun shot and stab wounds, there only eight operating room deaths.

In its first full year of independence the Department of Anesthesiology continued to be an excellent partner of the Department of Surgery. Its responsibilities increased greatly. Important additions were the development of an excellent team interested in respiratory therapy covering all services, and the development of a special Respiratory Care Unit, connected with the Recovery Room. The inhabitants of this area were desperately ill and many lives were saved.

Delighted as all of us were with most of the happenings in 1967, we also were saddened by the deaths in recent months of two distinguished associates—Dr. Alexander T. Martin and Dr. Arthur Purdy Stout. Each interned at Roosevelt and both served the Hospital in many ways over many years—Dr. Martin, as long-time chief of pediatrics; President in 1946 of the Medical Board, and co-author of the Hospital's History, and Dr. Stout as consulting pathologist. Memorial tributes have been made part of the official minutes of the Medical Board. It can be added that the Conference Library in the Pediatrics Department is named after Dr. Martin and graced by his portrait in oil.

Mention also must be made that 1967 marked the retirement from our active attending staff of Dr. Gurney Taylor, my immediate predecessor as President of the Medical Board, and of Dr. Howard A. Patterson, who, after forty-two years of active and devoted service, relinquished, in December, his post and duties as executive officer of the Department of Surgery. Both continue to be associated with Roose-

velt as members of the consulting staff and as honorary members of the Medical Board. Gratitude was formally expressed to each in the form of tributes read at the Medical Board's December meeting.

A most meaningful event of the year was the decision of the Hospital's Board of Trustees to seek financing for a research facility to be built on West 58th Street in the form of an imposing structure which will be named the Arthur J. Antenucci Building. It is obviously difficult for me to report on this milestone in the Hospital's progress in an impersonal way; I was deeply touched by this decision both because I can think of no greater honor than to have one's name linked enduringly with Roosevelt, and because I have long advocated a broadening and enrichment of the Hospital's research endeavors as essential to our progress. I am confident that the widened investigative activities, which this new structure should make possible, will aid immeasurably in the maintenance of continuing high standards of patient care. What particularly pleases me is that many of my friends have been appreciative of this potential and have contributed generously toward its attainment. I am grateful to each of them, as well as to our Board of Trustees.

Finally, I should like to express my appreciation to all of my associates on the professional staff; to the Board of Trustees, Mr. Carhart and Mr. Straus in particular; to Mr. Terenzio and his staff; to our dedicated nurses; to our loyal volunteers, and to all other members of the Hospital family for their indefatigable efforts during the past twelve months. No greater good wish could I offer Dr. Howard S. Dunbar, who became President of the Medical Board in December, than to express the hope that the understanding, patience and help, which have been accorded me, will continue for him in the months ahead. I am certain that he can count on such aid.

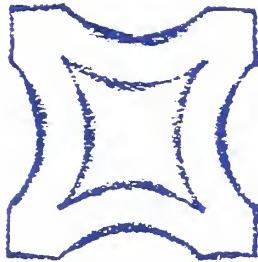
Arthur J. Antenucci

Arthur J. Antenucci, M.D.
1967 President
The Medical Board

Through the Years at Roosevelt



- 1863**—James H. Roosevelt died, leaving his estate to establish a hospital “for the reception and relief of sick and diseased persons.”
- 1864**—“Act of Incorporation” voted by New York State Legislature.
- 1869**—Cornerstone laid on the present site.
- 1871**—Hospital opened with a bed capacity of 180.
- 1878**—Ambulance service established with horse-drawn wagon.
- 1881**—Out-Patient Department opened.
- 1892**—William J. Syms operating amphitheatre erected with seating capacity of 185 (scene of many famous operations).
- 1896**—School of Nursing founded; first class enrolled with 24 students.
- 1898**—Spanish-American War. Troops from nearby camps, suffering from typhoid and other epidemic diseases, cared for by the Hospital. Ward V turned over to the government for that purpose.
- 1899**—Dr. Abraham Jacobi, “father of pediatrics,” came to take charge of the new Catherine Bliss Ward for children.
- 1900**—First X-ray Department established.
- 1908**—Social Service Department established.
- 1912**—Harriman Research Laboratory built.
- 1914**—Students of Columbia University’s College of Physicians and Surgeons admitted to Roosevelt wards for bedside teaching as clinical clerks.
- 1917**—Formation of Roosevelt-Mackay Unit which, as U.S. Army Base Hospital #15, rendered distinguished service in France during World War I.
- 1923**—New Ward Building (377 beds) replaced the old Ward Building of 1871.
- 1932**—Institute of Allergy moved to Roosevelt from New York Hospital where it was founded in 1918 by Dr. Robert A. Cooke.
- 1936**—Bedside and operating room teaching of fourth-year students from College of Physicians and Surgeons initiated.
- 1941**—Catastrophe Unit formed.
- 1942**—Formation of the Ninth Evacuation Hospital Unit which served in North Africa, Sicily, Italy, France and Germany during World War II.
Establishment of Blood Bank.
New Private Patients Pavilion opened.
- 1949**—Opening of James I. Russell Memorial Building. Pilot program in out-patient psychiatry started with the New York State Department of Mental Hygiene.
- 1950**—Fifth floor of Ward Building rebuilt to house Special Diagnostic Service and additional x-ray facilities.
Establishment of a formal Department of Physical Medicine and Rehabilitation.
- 1952**—Opening of the Henry Harrington Janeway Clinic for Therapeutic Radiology.
Establishment of Cytopathology Laboratory.
- 1953**—Tower Memorial Building opened for patient care—houses the Hospital’s general and special clinics.
- 1955**—The \$1,000,000 wing of the School of Nursing completed.
- 1956**—Ninth floor of Tower Memorial Building opened, providing psychiatric in-patient care.
- 1957**—A cobalt unit for therapeutic radiology installed in the Janeway Clinic.
Trauma Service formed as an integral part of Surgical Service.
- 1960**—Intensive Care Unit opened—one of the first to be established in Metropolitan New York.
- 1961**—Department of Psychiatry initiated two new services: Day Care Program and a 24-hour Emergency Service.
- 1962**—Department of Pediatrics reorganized with first full-time Chief.
- 1963**—Affiliation with Columbia University’s School of Dental & Oral Surgery.
- 1964**—Opening of \$12,500,000 twelve-story Garrard Winston Memorial Building, expanding private and semi-private accommodations, research and laboratory facilities, conference rooms and ancillary service area. Establishment of Obstetrical Service, with full-time Chief.
- 1965**—Three floors added to Tower Building for expansion of Psychiatric Service.
Inauguration of Medical Staff system authorizing full-time Chairmen for major departments.
- 1966**—First class is graduated by School for Nurse Anesthetists.
Department of Pediatrics moved to new and enlarged quarters, with special unit for adolescents.
Installation of IBM Systems 360 Model 30 Computer.



Administration

During recent months, I have pointed out from time to time to my associates on the administrative staff that, as a result of Medicare and Medicaid, American hospitals are now in what, for want of a better term, could well be described as "a new ball game."

My intent—and I feel that there was ample justification—was to deepen and intensify our sense of stewardship.

Looking back on happenings during 1967, I am inclined to believe that the implications of such a concept could well be much greater than I originally realized.

For example, there was a long period during 1967 when substantially more construction was in progress at Roosevelt—as we renovated, remodeled and refurbished—than was the case when the Winston Building was nearing completion. Yet, everyone—officers, trustees, doctors, and patients—took this, for all the accompanying inconvenience, in full stride and with few or any complaints.

What seems to have occurred was a general, albeit quiet, realization that, based on an illustrious past, Roosevelt has a rendezvous with destiny, which promises fruition for trustees, doctors and employees of many dreams and ambitions.

Not long ago, the president of one of America's great corporations expressed belief that the quintessence of management was "the ability to make effective decisions." He described these as "strategic decisions—decisions that count." I am convinced that history will show that

many of this nature were made at Roosevelt during the past twelve months.

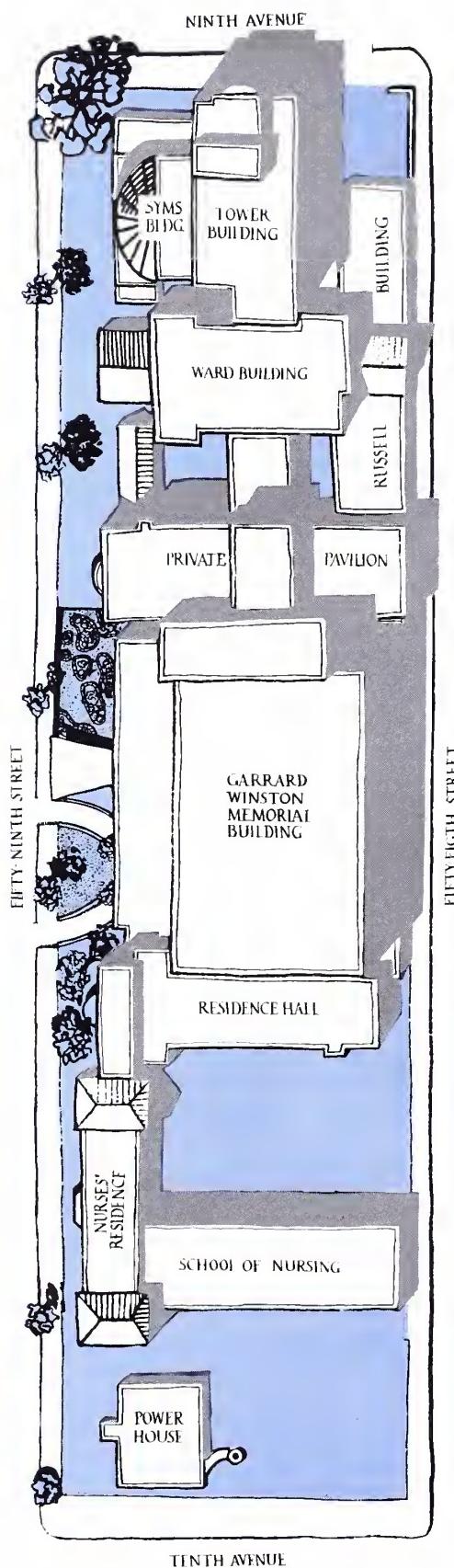
Our "Master Plan"—approved in principle, in 1966, by the Board of Trustees—calls for expansion and development over the years ahead in six specific areas, namely—ambulatory care, acute care, extended care, medical education, medical research, and mental health. Month after month during 1967, there were significant advancements in each of these areas.

In addition to the specific developments set forth in the messages prepared by Mr. Carhart and Dr. Antenucci for this report, there was a continuing program of study, investigation and action having to do with procedures, facilities, policies, and personnel. Especially pleasing was the fact that this represented involvement—as in recent years past—of trustees, doctors and administrative staff. What has been taking place is an evolutionary process, yet every step taken in 1967 promises to have impact on activities in years to come. This, I think, was well realized by everyone with a voice in decision-making procedures.

At the administrative level, there was a further pin-pointing of responsibility for operations-management and for accounting and fiscal control.

We faced up to the fact that growing size, further complexity of staff and tougher demands for performance call for ever mounting gains in the utilization of people and skills, and also for increased accountability for economic performance. We must know what our costs are; that

Buildings



Affiliations

THE ROOSEVELT HOSPITAL

is approved for intern and resident training by
The American Medical Association
The American Dental Association

is accredited by

The Joint Commission on Accreditation of Hospitals
is affiliated with

The College of Physicians and Surgeons,
Columbia University

The Columbia University School of Dental and Oral Surgery
The Jewish Board of Guardians

is a member of

The American Hospital Association
The Hospital Association of New York State
The Greater New York Hospital Association

The Greater New York Hospital Association
The Greater New York Fund
The United Hospital Fund

The United Hospital Fund

is a participating hospital in the

**is a participating hospital in the
Health and Hospital Planning
Council of Southern New York**

is approved for nurse anesthetist training by
The American Association for Nurse Anesthetists

The School of Nursing

is approved by

The New York State Department of Education

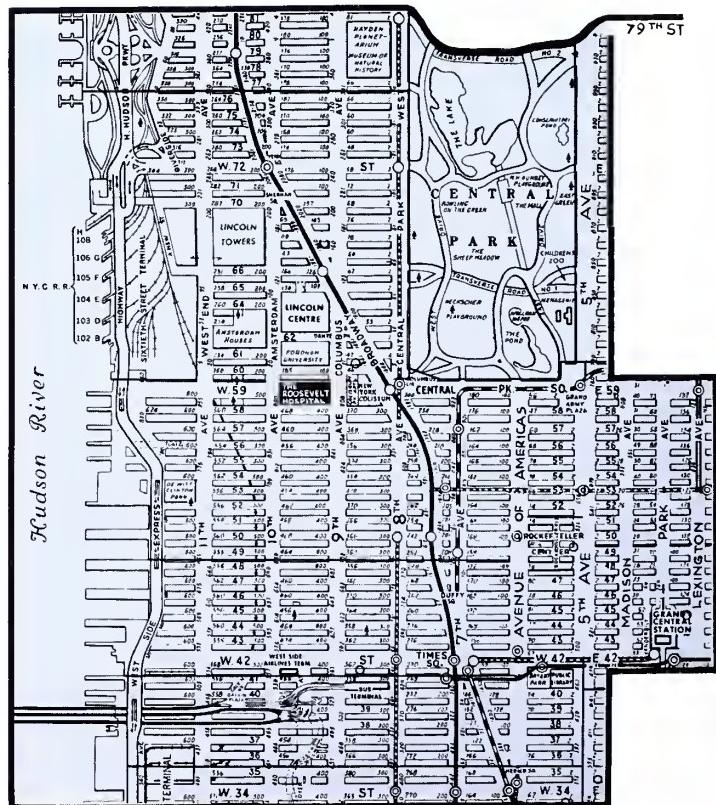
is accredited by

The National League for Nursing Accrediting Service

is a member of

The Department of Diploma and Associate Degree Programs of the National League for Nursing

Ambulance Area



they are reasonable, and that full value is being provided for every 100 cents of each dollar received and spent.

Toward such ends we have become increasingly concerned with the scope, effectiveness and impact of the personnel function; with the performance and strengthening of the capacities of all operational departments, and with method systems, internal audit, cost control, and management engineering.

In process, I firmly believe, is the creation of a system of overall management that should prove capable of coping with the operational responsibilities of the significantly more complex institution that is on the horizon. To return to my baseball analogy, we are reconciled to the fact that no player can be expected to bat—or even to field—1,000 per cent over a season, yet we also realize that, in the words of the newest leader of the New York Mets, in the long run there are but two types of managers—"winning managers and ex-managers."

The on-going dialogue about such matters was intensified during the year by a survey made for us by Yale Laitin Associates on personnel attitudes. This reported excellent morale and "dedication and energetic motivation" at all levels, but pointed out that "a proud craftsman never has enough in either quality or quantity and is as sharply critical of others as of himself." Our task is to encourage the "drive for perfection," as the report testified, which exists among so many members of the Hospital family.

We know full well that well-trained, highly-skilled men and women are required to handle today's complex equipment and to perform the many highly technical and complicated procedures that are now part and parcel of current Hospital practice. We also know that for such personnel there should be continuing recognition of abilities and service; satisfaction with working conditions, and—perhaps, of greatest importance—assurance

that there are constant opportunities to better their lot for all individuals who desire to do so.

Roosevelt has never suffered from a malady, known in personnel circles, as "hardening of the categories." One reason for this is that promotion from within—based on training provided either through in-service programs or through scholarships and loans for academic purposes—has long been a standard Roosevelt practice. Our low rate of employee turnover in years past, and the constantly increasing number of employees who become eligible each year for five-year or more service awards, are indicative of the down-to-earth realities of what has taken place in this area of our operations. We are firmly resolved, however, not to rest on past laurels but to seek for further improvements.

So it is with all other aspects of the management function. For some years, now, almost every month has been replete with rewarding satisfactions. Yet, for all of the expansion, growth and excitement experienced, it is crystal clear that past accomplishment tends to intensify rather than lessen present and future responsibilities. As never before we must be ever alert to the possibilities of newer and better ways of serving our patients and our community.

Personally, I find it richly rewarding to be part of this mission. I think that my associates share this feeling. I also think that I speak for them in expressing gratitude for the cooperation, understanding and support that has come our way during 1967 from trustees, medical board, volunteers, benefactors, patients, and personnel as a whole.



Peter B. Terenzio
Executive Vice President



The broad scope of the volunteer program, with its wide variety of activities, is illustrated by the photographs on this and the following page.



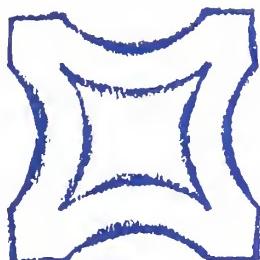
The Volunteer Committee Money Raising Story

1967 Ball of the Roses	\$ 20,465
1967 Theatre Benefit	17,820
1966-67 United Hospital Fund Campaign	19,771
Generosity Thrift Shop	37,524
Volunteer Gift Shop	4,110
Contributions etc.	2,019
Total	<hr/> \$101,709





Volunteers



Our volunteer program was an unknown vision when the Hospital opened in 1871. Today the active corps of both men and women is a vibrant, living force which aids with what the Founder must have had in mind when he called for "the reception and relief" of the ill and injured.

In 1967, 396 women and 73 men volunteered a total of 55,367 hours of service. This represents about 7,000 eight-hour days of service and, on the average, at least 118 hours of service on the part of each volunteer. The total number of volunteers this year was 469 which is slightly lower than last year due primarily to a decrease in summer juniors, but the average of hours served was about six hours greater than the 1966 average.

It also can be reported, with pride, that the Volunteer Committee was responsible during 1967 for the raising in actual cash of more than \$100,000 for Hospital purposes. This was applied to the care of needy patients and to the purchase of useful new equipment. One of several interesting additions to the Hospital's patient-care resources, made possible by the Volunteer Committee, was a Model 100 Metabolic Scale. This is a highly accurate

device which continuously monitors and measures the fluid balance of the critically ill, and is expected greatly to facilitate treatment of patients suffering shock, severe burns and heart failure. A gift also was made toward the remodeling of the Volunteer Gift Shop.

Pleased as we of the Volunteer Committee are with what we have been able to do for the Hospital and patients over the past twelve months, all of us, also, are most mindful that we too have benefited. For each of us, I believe, there have been many intangible rewards—including new knowledge and many cherished experiences.

I think I speak for everyone whose name appears on the Volunteer lists, which follow, in expressing gratitude for the privilege of serving. Personally, I found 1967 a deeply satisfying year. My heartfelt thanks are extended to all who were part of it.

Virginia D. Buhse

Mrs. Howard E. Buhse
1967 Chairman
The Volunteer Committee

The Volunteer Committee

(As of March 31, 1968)

Officers

Chairman	Mrs. Norman L. Hope	Treasurer	Miss Katharine de B. Parsons
Vice Chairman	Mrs. Campbell D. Garrett	Representative to Board of Trustees	Mrs. Charles W. Goodeve
Recording Secretary	Mrs. William H. Cassebaum	Ex-Officio Member	Mrs. Howard E. Buhse
Corresponding Secretary	Mrs. J. Lenox Porter		

Standing Committees

Volunteer Services & Red Cross	Miss Jermain Duncan Mrs. William R. Griffith**	Social Service	Mrs. James E. Thompson
Volunteer Shop	Mrs. Albert Lee Hawes* Mrs. Charles W. Goodeve*	United Hospital Fund	Mrs. Howard E. Buhse
Library	Mrs. Alfred Jaretzki, Jr.	Ball of The Roses	Mrs. Adrian Lambert Mrs. J. William Littler**
Thrift Shop	Mrs. Jack I. Straus	Theatre Benefit	Mrs. Seaton Gales
Membership	Mrs. Alfred G. Tuckerman	Hospitality	Mrs. Henry J. Clancy
Children's Recreation	Mrs. Gurney Taylor Mrs. William MacDonald**	Special Projects	Mrs. Harold L. Suttle

*Co-Chairman

**Vice Chairman

Members

Active	Mrs. Seaton Gales Mrs. Campbell D. Garrett Mrs. John W. Geary Mrs. Charles W. Goodeve Mrs. M. Donald Grant Mrs. Charles S. Haight, Jr. Mrs. Albert Lee Hawes Mrs. Francis Hoge Mrs. Anne K. Holder Mrs. Norman L. Hope Mrs. Alfred Jaretzki, Jr. Mrs. Rufus G. King Mrs. Adrian Lambert Mrs. Frederic W. Lincoln Mrs. William MacDonald Mrs. R. Sterling Mueller† Mrs. J. Joseph Mylott Miss I. Gertrude Ogden Miss Katharine de B. Parsons Mrs. Howard A. Patterson	Mrs. Frederick Pease Mrs. Charles I. Pierce Mrs. J. Lenox Porter Mrs. George E. Roosevelt Mrs. Philip J. Roosevelt Mrs. Thomas S. Royster Mrs. Albert C. Santy Mrs. Jack I. Straus Mrs. Harold L. Suttle Mrs. Gurney Taylor Mrs. H. P. Baldwin Terry Mrs. James E. Thompson Mrs. Alfred G. Tuckerman Miss Nancy Walker	Miss Jane L. Powell Mrs. William Wendt Mrs. William H. Wilson
Honorary			
			Mrs. Francis D. Bartow Mrs. F. Wilder Bellamy Mrs. Donald F. Bush Mrs. Stuart M. Crocker Mrs. Elisha Dyer Mrs. John N. Irwin, II Mrs. C. Peabody Mohun Mrs. John K. Roosevelt Mrs. Howard C. Taylor, Jr. Mrs. Roger Tuckerman Mrs. Eugene P. Warner Mrs. Julian L. Woodward

1967 Volunteers in addition to Committee

Miss Jean Aaron	Mrs. Leonard Altshuler	Mr. Carlos Arroyo	Mrs. James N. Barnard
Miss Sandra Abreu	Miss Susan Amendola	Mr. Joseph Aschenbrandt	Mrs. James Barrett
Mrs. Edgar Adsit	Mrs. Richard H. Anthony	Mrs. Seymour Ast	Miss Tressa Barrett
Miss Mary Alonso	Mrs. Simone Aronovici	Mrs. Sam Azouz	Mr. Trumbull Barton
Miss Barbara Alterman	Miss Jackie Aronson	Miss Mary Baclonga	† Miss Carrie Batt
Mrs. Gregory Altschuller	Miss Mary Arosemena	Mrs. Thomas Balmer	

*Leave of Absence

Mr. Juan J. Bayarres
 Mr. Frederick Benjamin
 Mrs. Sarah Lee Berenberg
 Miss Mary Berko
 Mrs. Israel Berman
 Mrs. Joel Bernstein
 Miss Italia Bianchi
 Miss Claire Biddlecomb
 Mrs. Abraham Bienstock
 Mrs. Benjamin Bloom
 Mrs. James Bloor
 Mrs. Robert Borges
 Mrs. Bess Borkowsky
 Miss Eileen Boucher
 Mr. William Brenner
 Mrs. James Brickell
 Miss Judith Bricker
 Miss Marilyn Briskin
 Miss Ida May Bromley
 Mrs. Bernard Brown
 Miss Francina Brown
 Miss Shelley Brown
 Miss Irene Buchanan
 Miss Joan Burdge
 Miss Joy Burke
 Mrs. Morgan Burke
 Mr. Frank Burrows
 Miss Roberta Castanos
 Miss Lillian Chernoff
 Mr. Eric Chevere
 Mr. Edwin Chevere
 Mrs. Edgar Church
 Mrs. Terence Clyne
 Miss Ruth Cohen
 Miss Carol Ann Collins
 Miss Joan Corr
 Mrs. Rudolph Correll
 Mr. Lionel Cortes
 Miss Beverly Council
 Miss Judith Cowen
 Miss Mireaja A. Cruz
 Mr. Leo P. Culhane
 Mr. Paul Cushman
 Miss Eleanor F. Daley
 Miss Lola Dalzelle
 Miss Anne DeGregory
 Miss Pauline de Friez
 Mr. Edgar Deligne
 Miss Agnes Denny
 Mrs. Ernest DeSanto
 Miss Sandra Dethlefsen
 Miss Margaret Devine
 Mrs. Arthur Diedrick
 Miss Yolanda DiMita
 Miss Joanne Divito
 Miss Lillian Doherty
 Mr. Alejandro Dominguez
 Mrs. Lynn Dovel
 Mr. Myron Drazen
 Miss Theresa Duffie
 Miss Katherine Durgin
 Miss Eleanor Egan
 Miss Caren Egan
 Mrs. Fern Elphick
 Miss Jane Elliot
 Mrs. Ethel Elwell
 Mr. James Epstein
 Mrs. Luis Escudero
 Mrs. Dana Estabrook
 Miss Agnes Fairgrieve
 Mr. William Farma
 Miss Marie Faulkner
 Mrs. Irving Feirtag
 Mr. Danny Feldman
 Miss Louise Fernich
 Mr. William Field
 Mrs. Jerome Fishman
 Miss Henrine Fitzgerald
 Mr. Edward Flynn
 Sister Joyce Fogga
 Miss Bonnie Fox
 Mrs. Arthur Friedman
 Mrs. George Frier
 Miss Blanche Gallet
 † deceased

Miss Marion Garcia
 Mr. Rudolf Gathmann
 Miss Carmen Gattnig
 Mrs. Ralph Gause
 Mrs. John C. Georgi
 Miss Betty Gerstein
 Miss Onslea Gesell
 Mrs. Susanne Gill
 Mrs. Louis Gilliam
 Miss Donna Gilligan
 Miss Gail Gilmartin
 Miss Catherine A. Goeckel
 Mrs. Lewis Goldenheim
 Miss Sara Goldenheim
 Mrs. Lewis Goldmacher
 Miss Gladys Gomez
 Mrs. Nathan Gotthoffer
 Miss Jane Gottlieb
 Miss Isabel L. Gray
 Miss Margie Greene
 Mrs. Justin L. Greene
 Mrs. William D. Greene
 Mrs. Maxine Greenup
 Mrs. Joseph A. Griffin
 Mrs. Price Gripekoven
 Mrs. Gertrude M. Grynbau
 Mrs. Arabed Gulbenkian
 Mr. Vicente Guzman
 Mrs. James Halbe
 Mrs. Elizabeth Hamil
 Mrs. David Handman
 Mr. Thomas Hefferman
 Mrs. John Henderson
 Mr. Arthur Hernandez
 Mr. Luis Hernandez
 Miss Ruth Hirsch
 Mrs. Philip Hitchcock
 Mrs. Francis Hoge
 Mrs. Joan Holcombe
 Mr. Archibald Holderman
 Miss Bernice Horton
 Miss Simi Huberfeld
 Miss Rosalind Hufts
 Miss Rosa Iacobacci
 Mrs. Louis Iacueo
 Miss Mary Irish
 Mr. Milton Irizarry
 Mrs. C. Merrill Irvine
 Miss Sandra Jackson
 Mrs. Andre Jacques
 Mrs. Elizabeth A. Jones
 Mrs. Alice Jordan
 Miss Jenifer Joyner
 Miss Leila Joyner
 Mrs. Robert Kahr
 Mr. Ira Kaplan
 Mrs. Joseph Kaplan
 Mrs. Herbert Kaufman
 Mrs. Leonard Kaufman
 Miss Joanne Kennedy
 Mr. Jean Kenny
 Miss Eileen Kiel
 Mr. Mark Kimmel
 Miss Jessie King
 Mrs. Harry Kirshbaum
 Mr. Ronald Klare
 Miss Judith Klaven
 Mr. Charles Knittle
 Mrs. Frances Koehler
 Mr. William Korba
 Miss Julia Kots
 Mr. Augustus Krug
 Miss Mary Kutzy
 Miss Deborah Lahr
 Miss Ann Land
 Mr. Hyman Landy
 Mrs. Elsie Larson
 Miss Mary T. Lee
 Miss Thea Lehmann
 Miss Marion Lennox
 Mrs. Ben Levine
 Mrs. Charlotte Levitt
 Mrs. Irving Lew
 Miss Barbara Lieberman

Mrs. Leona Lieberman
 Miss Cheryl Litt
 Mr. Herman K. Loeb
 Mrs. Laura Loft
 Mrs. Amy Londoner
 Mrs. Ethelyn A. Lucas
 Mrs. William McChesney
 Mrs. Frances McClellan
 Mrs. Bruce McGhie
 Mrs. William McKenney
 Mr. Robert McKenzie
 Miss Barbara McKinlay
 Mr. Jose A. Machado
 Miss Elizabeth Madewell
 Mr. David Malcomson
 Mrs. Leon Mallon
 Mrs. Signe Manheimer
 Mr. Michael Marsh
 Miss Isabel Marting
 Mr. Gary Mason
 Mrs. Josephine Matkin
 Miss Jill Mayers
 Miss Bette Midler
 Mr. Darryl Miller
 Mrs. Peyton Miller
 Mrs. Abraham Mintz
 Miss Lyndia Mishal
 Miss Cynthia Monahan
 Miss Martha Montoya
 Miss Theresa Montoya
 Miss Elizabeth Mooney
 Miss Annie Moore
 Mr. Raul Moreno
 Mrs. Richard Morgan
 Mrs. Irving Morrison
 Mrs. Stanley Mortlock
 Mrs. Judith Moselle
 Mrs. David Moss
 Miss Irene Mullady
 Mrs. Netty Munk
 Mrs. Frank M. Murphy
 Miss Ruth Murphy
 Miss Irene E. Musil
 Mrs. Jack Nathan
 Mrs. Arthur Nestler
 Miss Helen L. Neuman
 Miss Amy Neustadter
 Mrs. Helen Newman
 Miss Aida Nodari
 Miss Dorothy Noonan
 Mr. Robert O'Donovan
 Mrs. Louise de L. Oppenheimer
 Miss Isabel Ortiz
 Mrs. Joaquin Pardo
 Miss Paula Park
 Miss Mary Parker
 Mrs. John E. Parsons
 Mrs. William T. Parsons
 Mr. Joseph Perry
 Miss Denise Pinder
 Mrs. Mercedes Pizarro
 Mrs. Irwin Plattman
 Mr. Myron Pockynok
 Miss Iola Posley
 Mrs. Fan Press
 Mrs. Isaac Price
 Mr. William Purce
 Mrs. John E. Ray, III
 Mrs. Addison Raymer
 Mrs. George Raymond
 Mrs. James Reed
 Mrs. Ben Reig
 Miss Evelyn Reyes
 Miss Luisa Reynoso
 Miss Linda Rice
 Mr. Robert Richards
 Mrs. Rose Marie Rivera
 Miss Pamela Roach
 Mr. Julian H. Robertson, Jr.
 Miss Annette Robin
 Mrs. Powell Robinson
 Mr. Angel Rodriguez
 Miss Diana Rodriguez
 Mr. Stuart Roeder

Mr. William Rooney
 Miss Brenda E. Ross
 Mrs. Arthur Roth
 Miss Jean Ryall
 Mr. Robert Ryall
 † Miss Fannie Saks
 Mrs. Albert Sania
 Mrs. Arthur Sarnoff
 Mrs. Nicholas Saunders
 Miss Diane Schlesinger
 Mrs. William Shain Schley
 Mrs. Alfred Schloss
 Mrs. Herman Schneider
 Mrs. Theodore Schneirla
 Miss Rita Seabrook
 Mr. Joseph Sellman
 Miss Vivian Senzer
 Miss Sarah N. Shambaugh
 Miss Leslie Shapiro
 Mr. Stuart Shapiro
 Mr. Edmund Sheldon
 Mrs. Henry Sherman
 Miss Eileen Siegal
 Mrs. Max Siegel
 Miss Vera Sieminow
 Miss Barbara Silverberg
 Miss Maria Slawinski
 Miss Angela Smart
 Mrs. Richard Smyth
 Miss Isabel Sourenian
 Mrs. Dorothy Southwell
 Mr. George Spear
 Miss Beverly Spector
 Miss Jean Stancliffe
 Mrs. J. S. Stella
 Mrs. Adelaide Stiles
 Miss Bonnie Storer
 Sister Suellen, C.S.C.
 Miss Barbara Sussman
 Mrs. Mildred Sypher
 Mrs. Irene Szathmary
 Mr. Charles Tackney
 Mr. Jack Tai
 Miss Linda Tartell
 Mrs. Harry Taub
 Miss Alice Taylor
 Mrs. Alfonso Tello
 Miss R. Joy Tello
 Mrs. H. P. Baldwin Terry
 Miss Ethel Tesenhaus
 Mrs. T. P. Thomas
 Miss Ann Thomson
 Miss Margaret C. Timpson
 Mr. Daniel Torrado
 Mr. Peter Torres
 Mr. Frank P. Trachtenberg
 Mr. William Tucker
 Mr. James Turner
 Miss Joan Ungar
 Mr. Renato Uva
 Miss Pamela Vale
 Mrs. Geraldine Vance
 Mrs. Herbert P. Van Ingen
 Mrs. Erin Wallace
 Mrs. Charles Ward, Jr.
 Mrs. Frank Warren
 Miss Mary Lucille Weatherbee
 Miss Sandra Weisband
 † Mrs. Robert Welwood
 Mr. Leo Wilking
 Miss Jean Willard
 Miss Ellen Williams
 Mrs. Lyon Williams
 Mr. Gregory Williams
 Mr. Rene Wilson
 Mrs. George Wilson
 Miss Edith Yoeli
 Miss Rebecca Zames
 Mrs. Bernard Zeldin
 Miss Nettie Zimmerman
 Mrs. Ward Zimmerman
 Miss Carol Zinn
 Miss Marlene Zryb
 Miss Barbara Zucker

Assets

CURRENT ASSETS:	1967	1966
Cash	\$ 367,184	\$ 575,530
Investments—bonds, stocks, etc.—at cost or contributed value (approximate market value—1967, \$952,000; 1966, \$753,000)	776,776	657,568
Accrued interest receivable	48,520	44,266
Accounts receivable:		
Patients' care (less reserve—1967, \$454,817; 1966, \$441,578)	3,858,397	3,203,083
Other	274,038	72,905
Supplies and materials—at cost	266,868	256,289
Prepaid expenses and deferred charges	117,169	43,449
Total current assets	<u>5,708,952</u>	<u>4,853,090</u>
PLANT ASSETS:		
Land and land improvements, at cost	326,147	326,147
Buildings and equipment, at cost (less accumulated depreciation—1967, \$6,715,522; 1966, \$6,926,951) (Note 1)	18,582,114	19,031,689
Construction in progress	1,250,086	299,476
Total plant assets	<u>20,158,347</u>	<u>19,657,312</u>
Total	<u>25,867,299</u>	<u>24,510,402</u>
ENDOWMENT AND OTHER FUNDS:		
Cash	104,711	—
Investments—at cost or contributed value:		
Bonds, stocks, and commercial notes (approximate market value—1967, \$14,914,000; 1966, \$12,393,000)	11,798,590	11,701,490
Real estate	1,797,170	1,490,358
Mortgage receivable	94,438	99,153
Other	179,240	154,144
Accrued interest receivable	6,720	4,482
Due from General Fund	94,369	—
Total	<u>14,075,238</u>	<u>13,449,627</u>
TOTAL ASSETS	<u><u>\$39,942,537</u></u>	<u><u>\$37,960,029</u></u>

See accompanying Notes to Financial Statements.

THE ROOSEVELT HOSPITAL

Sheet
1967 AND 1966

Liabilities and Funds

CURRENT LIABILITIES AND TEMPORARY FUNDS: 1967 1966

Accounts payable	\$ 644,998	\$ 322,255
Accrued payroll and other expenses	431,018	388,374
Due to Endowment Funds	94,369	—
Temporary Funds	<u>1,730,729</u>	<u>1,591,965</u>
Total current liabilities and Temporary Funds	2,901,114	2,302,594

GENERAL AND PLANT FUNDS	22,966,185	22,207,808
Total	25,867,299	<u>24,510,402</u>

ENDOWMENT AND OTHER FUNDS:

Special Funds:

Unrestricted Gifts and Legacies Fund	109,977	98,937
Stuart M. Crocker Educational Fund	703,913	727,363
Progress Fund—for Winston Building facilities	<u>655,123</u>	660,590
Total Special Funds	1,469,013	1,486,890
Endowment Funds	10,437,574	10,717,458
Funds for Replacement and Expansion of Plant:		
Antenucci Building Fund	953,160	—
Other Replacement and Expansion Funds	1,215,491	1,245,279
Total	14,075,238	<u>13,449,627</u>

TOTAL LIABILITIES AND FUNDS	\$39,942,537	<u>\$37,960,029</u>
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See accompanying Notes to Financial Statements.

Statement Of Current Income
 FOR THE YEARS ENDED DECEMBER 31, 1967 AND 1966

	1967	1966
OPERATING INCOME:		
Patient care and services (Note 2)	\$16,980,678	\$14,442,724
Temporary funds currently applied	808,323	558,864
Other	883,451	734,274
Total	18,672,452	15,735,862
Less:		
Allowances and provision for doubtful accounts	1,900,446	2,548,754
Associated Hospital Service of New York allowance for capital costs (Note 2)	—	154,202
Total	1,900,446	2,702,956
Operating income—net	16,772,006	13,032,906
OPERATING EXPENSE:		
Professional staff, nursing, and special services	10,326,680	8,162,558
Outpatient services	1,008,358	736,098
Dietary	1,272,171	1,175,838
Household and property	2,101,356	1,793,266
Residence buildings	176,212	108,002
Administration and general	2,354,682	2,044,785
Provision for depreciation (Note 1)	878,956	608,615
Total operating expense	18,118,415	14,629,162
EXCESS OF OPERATING EXPENSE OVER OPERATING INCOME	1,346,409	1,596,256
OTHER INCOME:		
From investments	592,739	536,531
United Hospital Fund and Greater New York Fund grants . . .	116,709	141,068
Contributions	191,679	217,629
Total	901,127	895,228
EXCESS OF EXPENSE	\$ 445,282	\$ 701,028

See accompanying Notes to Financial Statements.

THE ROOSEVELT HOSPITAL

Summary of Changes in Funds

FOR THE YEAR ENDED DECEMBER 31, 1967

	Temporary Funds	General And Plant Funds	Special Funds	Endowment Funds	Funds For Replacement And Expansion Of Plant
					Antenucci Building
					Other
BALANCE, JANUARY 1, 1967	\$1,591,965	\$22,207,808	\$1,486,890	\$10,717,458	\$ — \$1,245,279
ADD (DEDUCT):					
Contributions, grants, and legacies . . .	1,292,095		112,628	200,820	950,892 10,000
Restricted investment income	7,047		50,995		6,818 8,588
Net gains from investments sold or redeemed			56,202	444,703	4,874 63,290
Professional fees (net) and other income	95,789				
Temporary funds currently applied— transferred to current income	(808,323)				
Transfers between funds:					
Equipment acquisitions and building additions	(314,145)	663,767	(59,081)		(32,093) (258,448)
Operating and other purposes— net	(54,121)	1,054,000	(100,000)	(924,879)	25,000
Amounts equivalent to capital cost allowance reimbursements made by the Associated Hospital Service of New York (Note 2)			(146,932)		146,932
Excess of expense for the year 1967 .			(445,282)		
Adjustment (net) of provisions for depreciation of, and additions to, buildings and equipment in prior years (Note 1)			(367,176)		
Expenditures for free patient care, educational grants, etc.	(79,578)		(78,621)	(528)	(2,331) (150)
BALANCE, DECEMBER 31, 1967	<u>\$1,730,729</u>	<u>\$22,966,185</u>	<u>\$1,469,013</u>	<u>\$10,437,574</u>	<u>\$953,160</u> <u>\$1,215,491</u>

NOTES TO FINANCIAL STATEMENTS

1. PLANT ASSETS

In 1967 a physical inventory of the Hospital's buildings and equipment, as of December 31, 1966, and a revision of their related estimated useful lives was completed by independent appraisers. The net effect on the accompanying financial statements was as follows:

- (a) The plant assets (net) and plant fund balance were reduced in 1967 by \$367,176 to give effect to the inventory referred to above.
- (b) The 1967 provision for depreciation recorded by the Hospital was approximately \$224,000 greater than it would have been had the change in estimated useful lives and the change in the December 31, 1966 depreciable base not been made.

2. CAPITAL COST ALLOWANCE REIMBURSEMENTS

Pursuant to the member hospital reimbursement formula of Associated Hospital Service of New York, the Hospital is required to maintain the capital cost allowance reimbursement in a restricted fund to be used only for equipment replacement or modernization and replacement of existing buildings.

In 1966 these reimbursements, amounting to \$154,202 were reported as direct credits to the Funds for Replacement and Expansion of Plant and were also reported in the Statement of Current Income as income from patient care and services and as allowances for capital costs thus having no effect on the excess of expense for 1966. In 1967 these reimbursements, amounting to \$146,932, have been reported in the Statement of Current Income as a reduction of allowances and provision for doubtful accounts and an amount equivalent thereto has been reported in the Summary of Changes in Funds as a transfer from the General Fund to the Funds for Replacement and Expansion of Plant. The effect of the change in 1967 was to reduce the excess of expense by \$146,932.

3. COMMITMENTS

The Hospital is presently renovating and expanding certain facilities. Commitments in connection therewith aggregated approximately \$1,290,000 at December 31, 1967.

4. RETIREMENT PLAN

The Hospital has in effect a non-contributory retirement plan for qualified employees. Under specified conditions certain employees have the option of making contributions to the plan.

Normal and prior service contributions to the plan by the Hospital for the year ended December 31, 1967 aggregated \$190,000. As of December 31, 1967 the unfunded prior service cost, as estimated by the actuary of the plan, was approximately \$243,000, and is being funded over a twenty-year period ending in 1982. The Hospital may amend or terminate the plan at its option.

5. RECLASSIFICATIONS

Certain minor reclassifications have been made in the accompanying financial statements for 1966 to conform to the classifications used for 1967.

ACCOUNTANTS' OPINION

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees of
The Roosevelt Hospital;

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1967 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1967 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied (except for the change explained in Note 2 to the financial statements) on a basis consistent with that of the preceding year.

HASKINS & SELLS
New York, N.Y.
May 22, 1968

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(As of March 31, 1968)

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(As of March 31, 1968)

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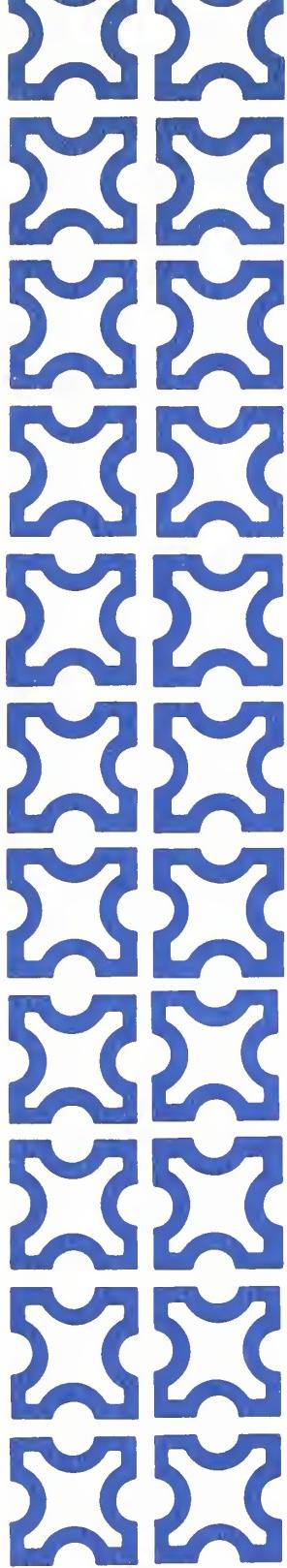
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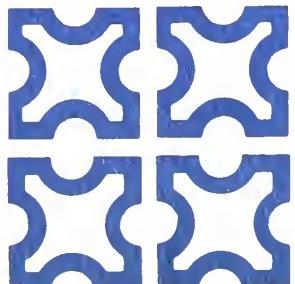
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5961CF PR 263
04-10-12 133300 XL
PRINT GROUP

Design Visual Services, Inc.

Photography James Burch
Eric Newman
Tucker Ranson

Printing The Barretts Press, Inc.

